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THE SCIENCE OF FACIAL EXPRESSION

By LOUIS KOHNE.

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The Science of Facial Expression



By LOUIS KUHNE

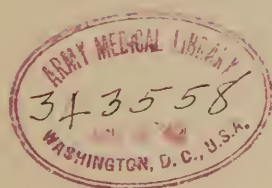


THE SCIENCE OF FACIAL EXPRESSION

The New System of Diagnosis, based
on Original Researches and Discoveries

By LOUIS KUHNE

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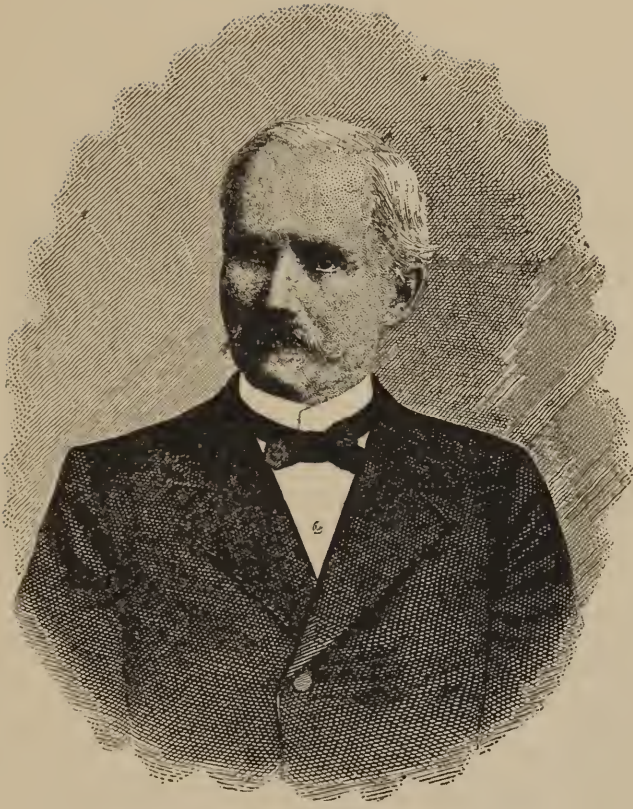
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*Mein Beruf ist heilen.
Louis Kuhne*

ONLY CLEANLINESS HEALS—Louis Kuhne



INTRODUCTION



THE Science of Facial Expression is the diagnosis of the New Science of Healing. It is only those who have thoroughly mastered the principles of the latter, who will be able to fully understand the new method of diagnosis. I would therefore advise everyone intending to make a study of the Science of Facial Expression, to first ask himself whether he is perfectly acquainted with the doctrines of the New Science of Healing and whether he has really grasped the principles on which it is based. I here give the leading axioms of the New Science, a sound comprehension of which is absolutely necessary. For further particulars, I would refer the reader to my hand-book on the subject.

1. *There is only one cause of disease, although the disease may manifest itself in various different forms and in different degrees of severity. The particular part of the body in which the disease chances to make its appearance, and the external form in which it expresses itself, depend upon hereditary influences, age, vocation, abode, food, climate, etc.*

2. *Disease arises through the presence of foreign matter in the body. Such matter is first deposited in the neighborhood of the orifices of the abdomen, whence it is distributed to the most various parts of the body, especially to the neck and head. This morbid matter changes the shape of the body, and from this change the severity of the disease can be observed. Upon this fact the Science of Facial Expression is based. To deny that foreign matter accumulates in this manner, is to dispute the truth of the Science of Facial Expression. But the fact that the state of the body can really be ascertained from changes in the form, is scarcely to be seriously contested; and this, indeed, is the soundest proof of the correctness of my whole theory of disease.*

3. *There is no disease without fever and no fever without disease. The entrance of foreign matter into the body and the formation of deposits there, mark the commencement of the struggle between the organism and the morbid matter; and it is through this internal activity or friction, that fever is produced. Everyone knows from experience, how the smallest particle of an external foreign substance entering the body—e. g., a little splinter in the finger—immediately causes discomfort in the whole system. A kind of fever is set up and does not abate until the foreign substance is removed. In a similar manner, the foreign matter in the interior of the body causes fever. At first the fever is often but slight, and runs its course internally (chronic fever); should sudden changes take place in the body, however, or violent fermentation of the foreign matter, caused by change in the weather, mental excitement, etc., the fever may break out with great violence. It is always erroneous to speak of any disease as being unaccompanied by fever.*

After this short epitome of the principles of the New Science of Healing, I will proceed to the question, "What is the Science of Facial Expression?"

It is the science of diagnosing from the external appearance, the internal condition of the body. From what has been already said, it will be seen that what we have to do is neither more nor less than—

1. *To observe how far the body is encumbered with foreign matter and in which parts the latter is deposited.*
2. *To draw conclusions as to the symptoms resulting and to those which must result in the future.*

It is not, however, the task of the Science of Facial Expression to minutely describe every little external or internal bodily change and to determine the various forms of disease, furnishing each with a special name after the manner of so-called medical science. On the contrary, the object in view is to examine the state of the system as a whole, in order to detect whether the organism is healthy or diseased; and, in the latter event, to determine how far the disease has progressed or has still to progress, and what chance of recovery there is.

And it is precisely in the possibility it presents to us of ascertaining the condition of the entire body, and of deciding whether we have a severe case before us, or whether the patient can be cured with but little trouble, that the high value of the Science of Facial Expression lies.

In order that we may be in a position to clearly judge of its worth, let us first submit the diagnostic methods of other systems of healing to a short criticism.

OTHER METHODS OF DIAGNOSIS

Allopathy, the medical system recognized by the State, and the one still generally dominating, sets a high value on a minute diagnosis. For this purpose, a thorough study is made of anatomy, principally by dissecting dead bodies, i. e., corpses. The allopath must know the name of every particle of the body, be thoroughly acquainted with the precise position of every organ, and also understand how to judge the internal organs from their operation. He therefore percusses, palpates and auscultates the body, and from his observations deduces the state of the organs. In order to assure certainty, a large number of most ingenious instruments have been devised; and indeed one must really marvel at human inventive genius and technical skill, whereby all these delicate pieces of apparatus have been designed and constructed. In addition to the thermometer, the microscope has of late played an important part; for since bacilli have been regarded as the cause of nearly all diseases, scientists are diligently on the look-out for these little organisms.

A detailed medical examination thus consists of a number of separate observations, only incidentally connected. It is conducted somewhat as follows. The physician first puts all manner of questions to the patient; then he looks at his tongue, feels his pulse, percusses and auscultates chest and back, to determine the condition of lungs and heart. Next the region of the liver and stomach is palpated and the genitals examined, those of females if possible also internally by means of a speculum. The temperature of the blood is ascertained by the aid of a thermometer. Blood, saliva, sputum, urine and faeces may be studied under the microscope and, perhaps, even particles of skin and muscles examined in the same manner. This general examination may be followed by a more detailed inspection of individual organs, such as the eye and ear, though this is usually referred to specialists. And what is the doctor's final pronouncement? The patient is told that this or that organ is perfectly healthy, another slightly affected, a third perhaps in a still worse condition. Any opinion as to the state or disposition of the body as a whole, as to the autopathic vitality, is rarely given. Or should, as an exception, such an opinion be expressed, it will be less the result of the examination, than of the general impression produced upon the physician by the outward appearance of the patient, and perhaps also by remarks made by the latter himself. For, the physician, like everyone else, the nurse, etc., who is much occupied with the sick, in the course of years acquires a certain sharpness of subjective perception.

Of what value, then, is this system of special diagnosis? I must decline to admit that it has the value generally attached to it.

In the first place, it is unreliable. It is only necessary to be examined

by a number of physicians, and one will be astonished to hear the different conclusions arrived at. Even the most eminent authorities frequently obtain extremely contradictory diagnoses. If the foreign matter in the system has not accumulated to any very great extent around some particular organ, the physician often comes to the astounding conclusion that the patient is perfectly well, whilst the latter, as a matter of fact, himself feels thoroughly unwell and near breaking down. This is particularly the case with neuropathic patients, who might frequently be brought to desperation through such pronouncements, when themselves knowing very well that they are extremely ill. This uncertainty attaching to medical diagnosis is quite natural, for the orthodox physician has not yet learned the nature of disease.

In the second place, the medical diagnosis affords no basis for rational treatment, not even in cases where it can be made with certainty. It can furnish no ground to go upon, because the allopath starts with the assumption that individual parts of the body are often affected independently of the remainder, and prescribes accordingly.

How useless and often injurious such prescriptions are, is shown by numerous proofs which I possess. I will here give two or three characteristic examples.

I. A Mr. A. was suffering from an extremely swollen tongue. As this was easily examined, the physician had no difficulty in diagnosing. The treatment was confined to the tongue, the doctor regarding this as the sole seat of the disease. The result, however, was extremely unsatisfactory, for the unfortunate patient became always worse and his tongue continued to swell, until he could no longer move it at all. At this juncture Mr. A. was diagnosed by me, according to the principles of the Science of Facial Expression, and the treatment which I prescribed was accompanied by complete success.

II. In a Berlin family, a child had been lying ill for months and the physician, a well known professor, for a long time was unable to decide what the disease really was. Finally, as the result of microscopic examinations, he decided that the disease was due to the presence of a certain kind of bacillus, which is said only to be propagated on stalks of straw. It could, it is true, be convincingly proved that the child had never come in contact with straw at all; but the diagnosis was there, and the doctor considered that his task was to exterminate the bacilli in the child's body. The result was unfortunate, the little patient growing worse and worse and the bacilli increasing simultaneously. At this period, the attention of the family was called to my system of healing. I diagnosed the child likewise and gave my directions without troubling myself about the bacilli.

The physician, who had not been told anything of my treatment, was perfectly astonished when he suddenly discovered through the microscope that the bacilli had strikingly decreased in number. He thereupon remarked that now and again nature removed such bacilli itself.

III. A Mr. M. a strong, vigorous man, had for nearly ten years been incapable of work, and was haunted by thoughts of suicide to such a degree that he had to be kept under constant observation. He had been examined by a number of physicians, who, strange to say, all agreed that the patient was perfectly well, but without any change in his condition taking place. He now consulted me. By means of the Science of Facial Expression, I soon ascertained that he was severely encumbered with foreign matter. The cure which I ordered proved most successful, for in a few months Mr. M. was a changed man, cheerful and full of spirits, to whom a revolver could be intrusted without any misgiving.

The orthodox method of diagnosis is, therefore, of no value at all, so far as treatment is concerned, based as it is upon wholly false assumptions and supporting the delusion that individual organs can in some way become diseased independently of the rest of the system. It is this error particularly which has led to specialism, that has, indeed, so much increased of late as to call forth the protest even of many physicians. It may now happen that a patient suffering, for instance, from a disease of the eyes, ears and nose at the same time, must be treated by three specialists simultaneously. Should he contract some internal disease, he is perhaps compelled to call in a fourth physician. The remarkable thing is, that physicians themselves admit that they have not yet discovered the nature of disease. And we have seen the quarrel that has been raging in their ranks recently, regarding the cause of many morbid symptoms, such as cholera, etc. Yet, anyone coming forward with an explanation, or proposing a new method of cure, is at once put under the ban.

If the allopath does meet with success in any instance, it is because, in spite of his diagnosis, he has also prescribed a general treatment of the whole system. In the majority of cases the success is only apparent, being obtained merely through the suppression of some particular symptoms. Thus, for example, the mercury cure never really cures, but on the contrary always causes a far worse condition; nevertheless by its means certain symptoms in sexual diseases can be repressed. Woe to the patient "cured" by mercury treatment! And almost as bad in their effects are morphia, iodine, bromine, quinine, antipyrine and arsenic. The subject is further dealt with in my hand-book—*The New Science of Healing*.

In the third place, the diagnosis only recognizes the disease when well

advanced. It cannot perceive the commencement of the disease; nor is it able with certainty to foresee the future course of development. And yet it is of extreme importance to be in a position to recognize the disease in its first stages, and to be able to say at once what course it will follow. For there is necessarily always a far greater chance of cure, if the diseased condition is discovered in time.

Homoeopathy has sprung from allopathy, and most of its practitioners hold to the orthodox system of diagnosis. In fact, they specialize even more than the allopaths. There is also, it is true, a popular direction in Homeopathy, diseases being judged more from the external symptoms. In many respects, indeed, there is an approach to the diagnostic method of the New Science of Healing. Nevertheless, homeopathy possesses no clear, definite system, and often the treatment depends merely upon what the patient or his family members can say of the illness.

As regards the actual treatment of the patient, homeopathy signifies a progress, for the small doses do not paralyze the body as do larger ones, but rather have an animating effect. Unfortunately there are also homeopathic physicians who administer pretty strong doses of poisonous drugs.

Magnetopathy knows no diagnosis. Its treatment is a uniform one, so that properly speaking its practitioners must teach the unity of disease. The magnetopath in treating a patient also endeavors to find out the seat of the disease, i. e., that part of the body which is particularly affected. But since many persons are insusceptible to magnetic influence, and others only slightly so, the diagnosis is as uncertain as the treatment, notwithstanding that in many cases excellent results may be obtained. This is to be explained from the whole nature of magnetic influence, which is only to be experienced where there is a difference between practitioner and patient. The manner in which the air in a room and outside adjusts itself when there is a difference of temperature, presents us with a tolerably accurate picture of the action of magnetism.

When finally we come to the Nature Cure System as usually employed, we find that it has no particular method of diagnosis. No doubt the hygienic practitioner gradually acquires a certain quickness of perception enabling him in general to judge the condition of a patient, but it is only a vague, subjective feeling without any clear basis. Generally the practitioner is well content if the patient has already been diagnosed by an orthodox physician, so that he can be informed by the patient himself what he is supposed to be suffering from. If the hygienic practitioner is himself a regularly qualified physician, he examines the patient according to the allopathic method. Other adherents of the Nature

Cure maintain that no diagnosis is necessary, since they treat the body as a whole and not particular organs, unless, indeed, Nature absolutely demands it. They are here correct, because they make use of a method of diagnosis which takes the whole body into consideration, and whereby the state of health of the complete system can be ascertained and information gathered as to the cause of the disease. Every hygienic practitioner must have frequently observed how in some cases his prescriptions have met with immediate and positive success, whilst in another case they meet with little or none. He would, however, no longer marvel at this, did he understand how by means of the Science of Facial Expression to judge of the condition of the entire body.

We now come to consider the Science of Facial Expression itself.

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THE SCIENCE OF FACIAL EXPRESSION

IT is a mistake to attempt to gather the nature of a thing merely from the name. The appellation "Science of Facial Expression" only designates one feature of the new method of diagnosis. This is usually the case when one attempts to find a concise expression or title to characterize something, and had I chosen some Latin or Greek word, nobody would ever have remarked it. The Science of Facial Expression concerns itself with the whole organism. But as the face is the part most readily examined, and since here not only all mental, but also internal physical processes are, as it were, reflected, it is the facial expression that must before all be observed. Hence the name given to the new method of diagnosis.

As already remarked, there is no such thing as disease affecting solely one particular part of the body. In every case of illness, the entire system suffers. The whole body changes in form and color, but this alteration is only sufficiently pronounced for clear observation at certain places. The deportment also becomes another, but this change is not noticed until the alteration is very marked. A body which is encumbered also performs its functions in a different manner from a healthy body, and hence the state of health can likewise be determined from the bodily activity. The Science of Facial Expression takes all these facts into account: the form of the body, the carriage, the color, the movements, all these are carefully noted. In order, however, that we may be able to clearly recognize deviations, we must first study the healthy man.

The Healthy Man

It is no easy matter to depict a healthy human being, for perfect health is rarely to be found to-day. Amongst wild animals, health is the rule and disease the exception, and it is therefore easy to discover the normal form; with civilized man, however, it is just the reverse. It was only by degrees that I succeeded in drawing a picture of a normal human body. I first of all inferred from the bodily functions what the state of real health must be. For a healthy body must perform all its functions—and properly perform them—without trouble, without pain and without artificial stimulants. First, come those functions which are necessary for maintaining life, such as the absorption of food and the

expulsion of refuse material. The healthy man experiences a feeling of real hunger, which is fully satisfied by the consumption of natural foods. The feeling of satisfaction occurs before there is any uncomfortable sensation of fulness, and the process of digestion goes on so quietly that one is not conscious of it. All discomfort after eating, the desire for highly seasoned foods and strong beverages is unnatural and indicates disease. To quench the thirst, the only desire should be for water.

The *urine*, the secretion of the kidneys, should cause no pain on leaving the body, nor be of unduly high temperature; it should possess an amber color, and never be colorless, bloody, black, cloudy nor flocculent. Neither should there be any gritty or sandy deposit. The odor should neither be sweetish nor sour.

The *faeces* of a healthy person are of cylindrical form, firm, but not hard. They leave the body without soiling it. As a rule they should be brown in color, not green, gray nor white. They should never be watery, nor bloody, nor contain worms. Thin evacuations are always a sign of disease, just as are hard, spherical blackish dejections.

The *skin* in health should not emit an unpleasant smelling exhalation, as, for instance, does the skin of carnivorous animals, and particularly that of carrion feeders. The skin should be moist, but not wet; it should have a warm feeling and a beautiful, smooth, elastic surface. The hairy parts should be well covered with beautiful, full hair; baldness is an indication of a diseased body.

The *lungs* in a healthy organism perform their functions without any difficulty. The air should be inhaled through the nose, which is their natural guardian. The custom of keeping the mouth open, whether during the day or in sleep, is a proof of disease.

In any exertion, the healthy body always gives due warning, by a feeling of fatigue, of approaching excess. This sense of weariness is by no means a painful one; it is even pleasant, causing us to rest and finally sleep. The *sleep* of a person in health is soft, quiet and uninterrupted. On waking, such a person is cheerful, bright and contented; neither languid nor irritable.

Should a healthy person experience deep mental suffering, he will recuperate quickly. Not in vain has Nature given us tears, the true alleviator of mental anguish.

All these indications can readily be observed with the senses, most of them being obvious to the eye, without the use of any artificial apparatus.

The observations have all been made on *living* persons and can be confirmed at any time. To make a corpse the subject of observation is of no real purpose.

Anyone proving to the possession of perfect health by fulfilment of the above conditions, must necessarily exhibit a correct bodily form: his body must be free from all foreign matter.

So far, I have not succeeded in finding a single person in perfect health. Tolerably healthy persons, however, I have frequently met, and it is on these I have studied the normal bodily form.

It is characteristic how the form of a healthy person is also that which nearest approaches to our esthetic ideal. The Old Greek sculptors have furnished us with truly beautiful forms, and it is these our modern artists take as their model, and not the well fed, obese men and women, who to-day usually pass as being of normal form.

There are certain definite features characterizing the normal figure, as will be seen from Figs. 1, 3, 4, 6 and 14, which we will now proceed to describe.

The Normal Figure

I. *Form.* The normal form is one of fine proportion throughout. If we compare Figs. 1 and 2, we see at a glance that the former exhibits a beautiful figure, whilst the latter displays an ugly, mis-shaped body. In Fig. 2, the body is distended, and the legs too short in proportion to the trunk. The latter being abnormally long, the neck has almost disappeared.

In the normal figure, the head is of moderate size; the neck is round and neither too short, nor yet too long. No prominences are to be noticed on it, and in circumference it is about equal to that of the calf of the leg. The chest is arched, the abdomen is not prominent, nor is the trunk prolonged downwardly. The legs are strongly built and bowed neither inwardly nor outwardly.

The following characteristics of a normally healthy person have also to be remarked. The forehead must be free from wrinkles, smooth, and display no adipose cushion. The eyes must be clear and free from veins. The nose is in the centre of the face, is straight in form and neither too full, nor yet too thin. The mouth is always closed, both during the day and when asleep; the lips are a beautifully formed covering, and must not be too thick. The face itself is oval, not angular, and there is a clear line of demarcation exactly below the ear. It is this sharp division that gives symmetry and grace to the human visage. Most people remark instinctively the beauty of such a face, but are unable to clearly explain wherein the handsomeness consists.

The chin must be rounded, by no means angular. The back of the head should be divided from the neck by a clear line.

II. *Color.* The color of the face should be neither pale nor yellow, nor yet unduly red. Above all, it should not present a shiny appearance.

The natural complexion of a European is a pale pink. The face should be fresh and animated, until old age.

III. *Mobility.* In judging the condition of the body, the mobility is also of importance. If any natural movement is arrested, it is a sign that the body is not normal and that foreign matter has accumulated in it, exerting an inhibitory action. The movements of the head especially, are of particular significance in diagnosing according to the Science of Facial Expression. There should always be the capability of turning the head freely left and right. There must be no tension at the nape of the neck when it is lowered.

It is, therefore, according to the form, color and mobility that we judge the physical condition.

Encumbrance of the Body

If the form or color of the body is no longer normal, or if the mobility is arrested, it is a proof that the body is encumbered with foreign matter. This encumbrance must be caused by matter, for it is only such that alters the bodily shape. The question now arises: how does this matter—which does not belong to the body, and must therefore be designated as foreign matter—enter into the human system? It can only find entrance into the body in the same way that any other matter whatsoever is admitted.

Matter enters the body through the stomach, the lungs and the skin. Through the lungs and skin, we inspire air, through the mouth the body takes in solid and liquid nutriment and conducts it to the stomach. So long as we follow nature, foreign matter cannot obtain access to the body; or, if it accidentally does, it will soon be again expelled, for nature has provided precautionary means for removal of any injurious substances.

Intestines, kidneys, skin and lungs in a healthy body are continually at work, removing from the system everything that is of no service, or no longer of service to it. If, however, too much foreign matter is introduced into the body, the system is unable to deal with it, and part of the matter remains in the body.

Most persons are encumbered with foreign matter even in the pre-natal state, often to such an extent that they are sickly from birth. A large percentage of such children die in youth.

The *first* food of man is of great importance. If this is natural, the body also will develop in a natural manner. The only natural food is the mother's milk. Unfortunately, however, many infants cannot obtain this, for often the body of the mother is so encumbered, that no milk is produced. A substitute has then to be found, though this can never completely replace the milk of the mother. The best substitute

during the first months is the unboiled milk of healthy goats or cows. Of the harmful influence of boiled milk, and particularly of milk sterilized in Soxhlet's apparatus, striking proof is afforded by Figs. 48-50, which are copied from the original photographs.

Unnatural food can never be thoroughly digested, and if consumed daily, the state of affairs mentioned above occurs, the system being incapable of properly excreting the effete matter. At the same time, the body suffers from a deficiency of real nutritive material.

The foreign matter accumulates at first at the exits of the body, and may be expelled for a certain length of time by means of small crises, such as diarrhea, profuse perspiration and copious discharges of urine. In this manner, indeed, even large deposits of morbid matter are sometimes excreted. Nevertheless there is generally some residue left, or new matter is deposited. Intense heat arises at the parts where the deposits are, this being the direct cause of the diarrhea and also the reason of a certain transformation of the foreign matter. *Fermentation* ensues, and gases are generated. These latter are carried through the body and are partly excreted by the skin, but partly also deposited in solid form. It is these deposits that form the encumbrance of the body. The encumbrance may be of various kinds, depending upon the direction which the deposits have taken.

If stomach and bowels are once weakened and permeated with foreign matter, then even natural, wholesome food can no longer be properly digested. All such insufficiently assimilated material, however, likewise becomes foreign matter. If once morbid matter commences to accumulate in this manner, the process proceeds rapidly, and disturbances of the system, as above mentioned, usually occur repeatedly. This is the explanation of the numerous diseases of children, the sole purpose of which is to expel foreign matter from the body.

Foreign matter also frequently obtains access to the body through lungs and skin, and though such is usually directly thrown out again, it may in certain cases accumulate, forming encumbrances. In the event of the digestion being good, the system has sufficient energy to expel any foreign matter taken up by the lungs; with a weak digestion, however, this is impossible. By living in impure air, we introduce foreign matter into the body, quite as much as we do by consuming unnatural foods.

Sometimes the body itself forms artificial outlets for the effete matter, such as open sores, hemorrhoids, fistulæ, sweating feet, etc. In such cases the rest of the body may appear to be healthy, since the encumbrance does not inconvenience. These outlets, however, only form when the body is already considerably encumbered; for they are, so to say, self-operations performed by the system itself, and this only happens when there is an active exciting cause.

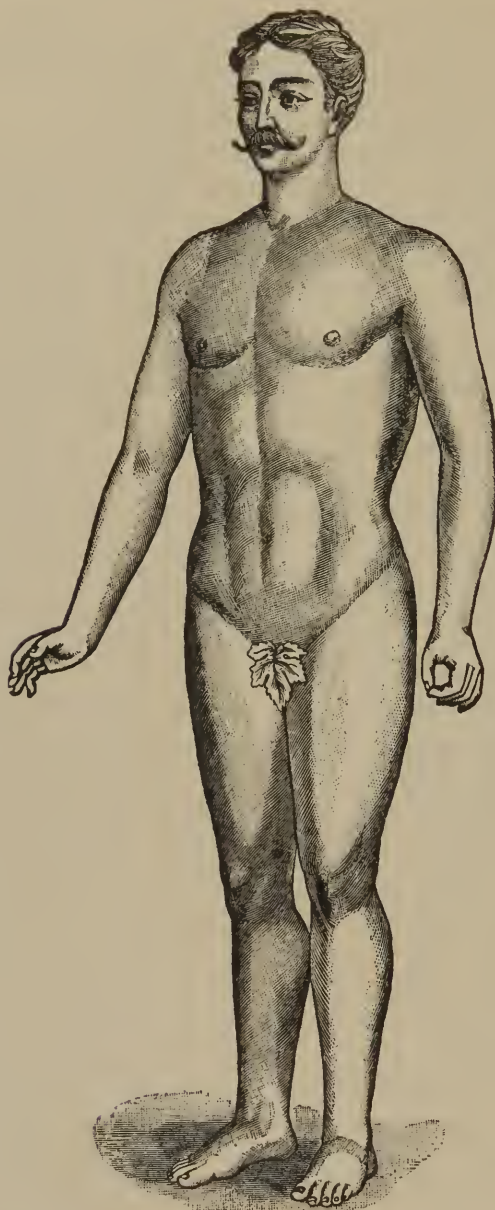


Fig. 1.—Normal Figure.

Beautiful proportion throughout the whole body, perfect symmetry, everywhere an esthetic roundness of the parts.—Head: normal size.—Forehead: smooth, no adipose cushion.—Eyes: large and free.—Nose: well-formed.—Mouth: closed.—Face: oval, clear line of demarcation below the ear.—Neck: round, normal length.—Chest: well developed.—Legs: straight, muscular, clear line of demarcation at thighs.



Fig. 2.—Whole Body Encumbered.

Figure: awkward, clumsy, bloated.—*Head:* too thick.—*Forehead:* depressed, with adipose cushion, bald on top.—*Eyes:* half closed.—*Nose:* swollen.—*Mouth:* partly open.—*Face:* no clear line of demarcation.—*Neck:* too short and too thick; no clear line of demarcation at nape of the neck.—*Abdomen:* over-nourished.—*Legs:* too short and too thick.

If the outlets are suddenly stopped up, the matter which would flow out is deposited in some part of the body. Here a striking change soon takes place, the part becoming inflamed, swollen or perhaps ulcerated.

I may here recite some cases which have come to my notice.



Fig. 3.—Normal Form.

The patient in one case, a man, had been suffering for nearly 10 years from internal hemorrhoids. These caused him great inconvenience, and finally, owing to the bleeding increasing, he determined to try a cure. At first he employed the usual remedies as prescribed by his family doctor, but without success. On the advice of a well known consulting physi-

cian, he then tried dermatol, by means of which the hemorrhoids soon disappeared, so that the patient considered himself cured. In a few days, however, he remarked a strange swelling at the throat, which he could not help thinking was in some way connected with the sudden disappearance of the hemorrhoids. The swelling increased to such an extent, that after some months there was danger of suffocation, and the patient's condition was critical. The process which had gone on was a

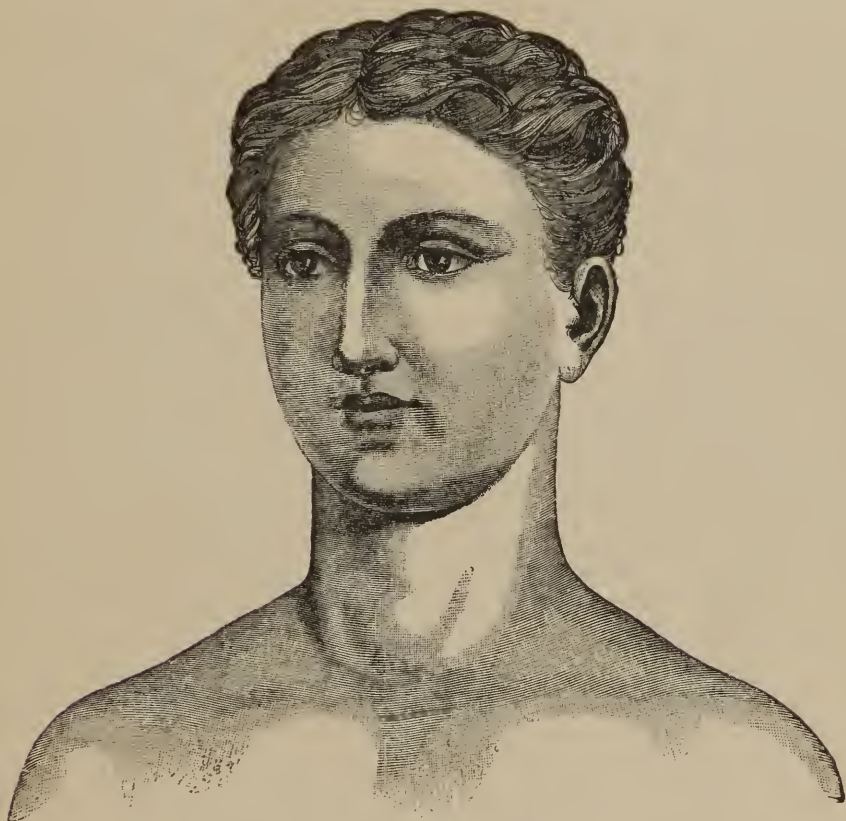


Fig. 4.—Normal Form.

quite natural one. The foreign matter no longer finding an exit through the intestines after the disappearance of the hemorrhoids, had now selected the neck as a place of deposit. Had the matter ascended at the back up to the brain, aberration of the mind would certainly have resulted.

The patient, following the recommendation of some friends, now tried a friction-bath, the danger of suffocation making him ready to accept any advice offered. The very first bath afforded him much relief. This

was doubtless because the foreign matter having only just accumulated had not yet hardened; otherwise the progress would have been slower.

A second case was that of a woman, aged about 30, who had been suffering for a considerable time from diarrhea. This indicated the self-attempt of the body, heavily encumbered, to expel the foreign matter. The physician consulted, cured the diarrhea by means of medicines, and next obstinate constipation followed. The foreign matter now ascended, and within three weeks formed a large swelling on the neck, similar to that shown in Fig. 12. It at once became apparent to the patient, that it was the medical prescriptions which had caused this tumor and her eyes were opened to the real value of drugs.

Had the swelling on the neck formed more slowly, instead of immediately after the suppression of the diarrhea, the patient would undoubtedly have been convinced of the beneficial effect of the medicines employed. Unfortunately most people have no idea of the harm which medicinal poisons may, and often actually do, cause.

Suppression of sweating of the feet, also frequently results in swelling of the neck, sometimes also in encumbrance of the head, with accompanying intense nervousity, and even mental derangement. Not seldom the foreign matter goes to the lungs and heart or to other internal organs. In fact, it may be asserted that the majority of diseases of the internal organs, especially pulmonary consumption, are brought about by the suppression of external symptoms in the manner described.

To such symptoms must be counted coughing, large quantities of foreign matter being expelled in the mucus expectorated. If by means of pectorals, and by undue warmth and the exclusion of fresh air, the cough is suppressed, there will simply be a change for the worse in the bodily condition, especially in that of the lungs.

Foreign matter may also enter directly into the blood, and then do even more harm than when it finds access to the body in the ordinary manner. A striking example is, for instance, the bite of a snake. The venom, entering directly into the blood, acts extremely rapidly, causing a kind of fermentation of the blood and high fever. If, however, the same quantity of the snake-poison is introduced into the stomach, there will be no great injury done, as in the stomach it is rendered innocuous, and is partly expelled through the intestines. The same is the case with the bites of rabid dogs.

Not all foreign matter, thus directly introduced into the blood, acts either so rapidly or with such fatal effect; it is, however, always injurious. If, through accidents, foreign matter enters the blood by way of wounds, it is a lamentable occurrence which we must do our best to combat. To purposely introduce such matter into the blood, however, is nothing less than criminal. *The practice of vaccination and inocula-*

tion is a fatal error, such as history has seldom to chronicle. It is a sorry memorial that the century of enlightenment has thus raised to itself. If mankind is not to become totally diseased, and ever grow weaker, it is high time that vaccination was discontinued. A body in some measure healthy, will, it is true, be able to partly eject the poison again, usually at the place of injection; the part will swell and a suppurative focus forms, yet a certain amount of the poison generally remains in the body. If, however, there is but little vitality in the system, the latter will scarcely be capable of expelling the poisonous matter, which will therefore for the most part remain in the interior of the body. It is just such persons who are then vaccinated a second or third time, the first operation being regarded as "unsuccessful." In reality, the "success" is here only too great, but unfortunately the reverse of beneficial, since to the foreign matter already in the system a new supply has now been added.

What Changes are Caused by the Presence of Foreign Matter in the Body?

As already mentioned, the foreign matter seeks out suitable places to deposit itself. Such deposition of matter starts in the abdomen, in the neighborhood of the exits. As soon, however, as the process has even commenced, the morbid matter begins to make its way to more distant parts, such as the head and limbs. In the absence of any special circumstance, this distributive process goes on very slowly. The matter usually shows a tendency to travel to the extremity of the body and in doing so must make its way through the narrow passage formed by the neck, where the deposits are most easily to be seen. They appear first as an enlargement of the part, then taking the form as swellings or lumps. Later on, they wholly conceal the underlying organs, and there is desiccation and shrivelling of the parts. An unskilled observer can here be easily deceived and think that there is no encumbrance. Examination, however, will always show hard streaks causing the neck especially to appear irregular. In particular, the movement of the head in such a case will be abnormal. The color will also be unnatural, being usually gray or brown or unduly red.

Frequently, even the general form is sufficient to enable us to judge with tolerable exactitude as to the nature of the encumbrance. In other cases, however, every point must be carefully observed before the disease can be clearly pictured.

The swellings form in the neck and head, in the same manner as in the abdomen, and increase in both parts uniformly. Sometimes, however, the abdominal deposits decrease, whilst those at the neck increase; the water treatment, on the other hand, causes the cervical deposits to decrease, those at the abdomen increasing correspondingly.

The path which the foreign matter follows in passing from the abdomen to the head is by no means always the same. It is probably dependent upon the vitality of the various organs which have to be passed, and also partly upon the position in which the person usually lies when sleeping. Thus the foreign matter may predominate in front of the body, or at one side, or at the back. We accordingly have three kinds of encumbrances:

1. *Front Encumbrance,*
2. *Side Encumbrance* and
3. *Back Encumbrance.*

The side encumbrance can, of course, be either at the right or left side.

Generally speaking, we do not find one kind of encumbrance alone, there being usually a complication of such. For instance, there may be front and side, or side and back, or sometimes general encumbrance of the whole body.

In order, however, that the different kinds may be clearly understood, we will first consider each separately.

A. *Front Encumbrance*

(Fig. 5, 7, et seq., 36 and 37)

A front encumbrance is one which either wholly or chiefly concerns the front of the body. Fig. 5, etc., illustrate this kind of encumbrance. In order that a clear idea may be gained, I have shown the normal form in Fig. 6, and the reader is recommended to carefully study the various characteristic differences by close comparison.

In cases of front encumbrance the neck is usually somewhat enlarged in front (Fig. 7), and the face too large and full. Often the mouth alone protrudes, all the foreign matter having accumulated here. A very characteristic feature is the line of demarcation defining the face. Where there is front encumbrance, this line usually runs *further back than normally* (Figs. 7 and 8). If the front encumbrance is very pronounced, the face appears bloated and an adipose cushion forms on the forehead. We also find this cushion in cases of back encumbrance, however, so that it is no distinctive sign; it merely signifies that the encumbrance has penetrated as far as the brain.

In many cases, lumps form on the neck (Figs. 13 and 38). This shows that the encumbrance is already serious, and if the foreign matter dries up, with atrophy of the muscles, it may even happen that the line of demarcation at the jaw again appears normal. The lumps on the neck and the unnatural color suffice to tell us, however, that there is a large deposit of foreign matter.



Fig. 5.—Front Encumbrance.

Head: size normal.—*Forehead:* wrinkled.—*Eyes:* normal.—*Nose:* normal.—*Cheeks:* in folds.—*Mouth:* normal.—*Face:* for the person's age normal; line of demarcation too far back.—*Neck:* enlarged in front, line of demarcation at nape normal.



Fig. 6.—Normal Form.



Fig. 7.—Front Encumbrance.

Head: size normal.—*Forehead:* bald on top, no adipose cushion.—*Eyes:* dull.—*Nose:* well shaped.—*Mouth:* lower lip swollen.—*Chin:* enlarged.—*Face:* line of demarcation far behind the ear; lower half of face too full.—*Neck:* much enlarged in front; line of demarcation at nape normal.

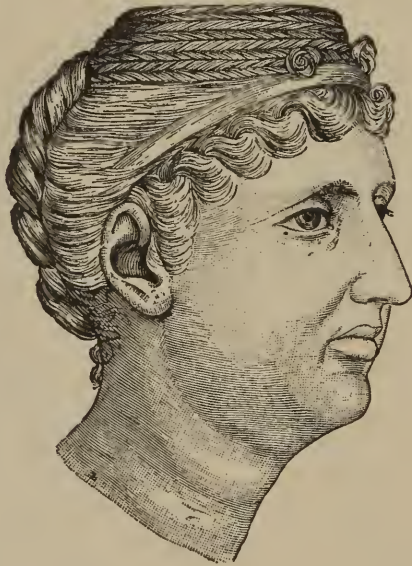


Fig. 8.—Front and Side Encumbrance.

Head: size normal.—*Forehead:* smooth, no adipose cushion.—*Eyes:* normal.—*Nose:* normal.—*Lips:* too thick.—*Face:* no line of demarcation; fuller and longer on right side than on left.—*Neck:* much enlarged in front; somewhat so at side; line of demarcation at nape normal.

Where front encumbrance exists, the complexion is either pale or unduly red, and the parts most encumbered show great tension and present a shiny appearance.

The mobility of the head is a point of great significance. In front encumbrance, the head cannot be freely thrown back; on this being attempted, great tension will be visible at the neck (Fig. 38). In such cases, larger or smaller lumps, not usually to be observed, can now be discerned.

Thus the whole face uniformly, or some parts in particular, may be affected by the deposits. Sometimes the encumbrance is only on one side, so that half the face is fuller or longer than the other (Fig. 8).

The *results* of the encumbrance depend wholly upon its nature.

Since in front encumbrance every portion of the front of the body, right down to the legs, is affected, very different parts must suffer. Nearly every acute disease may occur: *e. g.*, measles, scarlet fever, diphtheria, inflammation of the lungs. The front parts of the body will here always be the most affected, as, for instance, is clearly shown by the eruption accompanying diseases of children.

Many so-called chronic diseases also result from front encumbrance, especially diseases of the throat and neck, less so those of the face. Facial redness and eruption, the lay-practitioner and medical man alike include amongst such. In the earlier stage, usually only the chin is affected. The teeth decay, in front encumbrance generally the lower ones first. The persons shown in Figs. 5 and 7 evidently lost the lower teeth very prematurely. Diseases of the nerves and eyes also sometimes result; and when the encumbrance reaches the crown of the head, the latter becomes bald, the hair of front part especially falling out.

Where there is solely front encumbrance, mental disorders are impossible.

In spite of front encumbrance, the vital organs frequently remain long sound, the foreign matter accumulating chiefly in the cheeks and forehead. There will then be discomfort caused in those parts, especially headaches and eruptions, sometimes also erysipelas of the face. The patient will be especially sensitive to changes of temperature.

As has been already remarked, the deposit of matter may progress very slowly, so that persons may suffer for many years from some disease such as mentioned, without any great trouble being experienced, until suddenly parts become affected which until now have been but little encumbered.

There is but one cure for all this, and that is, to remove the cause; for it is only on expulsion of the foreign matter that the symptoms of disease disappear. This point will be further treated later.



Fig. 9.—Front Encumbrance.

Head: too large, especially the upper part (indicating precocity).—*Forehead:* adipose cushion.—*Eyes:* somewhat compressed.—*Nose:* normal.—*Mouth:* normal.—*Face:* line of demarcation too far behind ear.—*Neck:* normal (but there is tension on head being thrown back); line of demarcation at nape normal.



Fig. 10.—Front and Side Encumbrance.

Head: upper part somewhat too large.—*Forehead:* adipose cushion at top.—*Eyes:* normal.—*Nose:* normal.—*Mouth:* normal.—*Face:* line of demarcation obstructed by lumps.—*Neck:* uneven.—*Back of head:* free.

I would only remark here that *front encumbrance is comparatively easy to cure*, and that the diseases resulting from it are not in general dangerous. The diseases of children and other febrile diseases caused by front encumbrance always belong to the so-called benign cases.

By means of hydropathic treatment, front encumbrance can often be cured in a few weeks; causing many to ask in astonishment why one



Fig. 11.—Front Encumbrance.

Figure: proportions normal.—*Head*: irregular, especially on crown.—*Forehead*: adipose cushion.—*Eyes*: closed (blind).—*Nose*: normal.—*Mouth*: normal.—*Face*: line of demarcation too far behind ear.—*Neck*: rigid.—*Abdomen*: much too large.—*Eruption* on body caused by vaccination.

patient will recover so rapidly through following my system of cure, whilst another gets better but slowly.

Thus in a space of only a few weeks, I was able to almost entirely cure a patient suffering for 18 years from barber's itch (sycosis), resulting from front encumbrance.

Naturally, organs which have been totally destroyed, cannot be again restored. Lost teeth, for instance, are not to be replaced. But even after years of baldness the hair has often been known to grow again.



Fig. 12.—Front and Side Encumbrance.

Head: almost normal.—*Forehead:* normal.—*Eyes:* normal.—*Nose:* normal.—*Mouth:* normal.—*Face:* line of demarcation normal.—*Neck:* much enlarged, swollen, rigid.—The encumbrance has only advanced as far as the neck, causing goitre; the head has remained almost entirely free.

B. Side Encumbrance

(Figs. 8, 15, et seq.)

Side encumbrance shows a distinct enlargement of the neck on the side affected. Often all the parts on this side are broader, so that the whole body appears unsymmetrical. This is clearly seen in Fig. 17, where the entire left side is broader than the right. In Fig. 16, we observe how the whole of the right side of the face is longer and broader



Fig. 13.—Front and Side Encumbrance.

Head: a little too large.—*Forehead:* somewhat cushioned.—*Eyes:* compressed.—*Nose:* normal.—*Mouth:* somewhat open.—*Face:* line of demarcation normal.—*Neck:* enlarged; goitre.—Encumbrance in general as in the mother, though some of the foreign matter has already penetrated into the head.



Fig. 14.—Normal Form.

than the left. This is also very noticeable in the legs, wherefore the head is not in the centre-line of the body. On the side affected, there is no sharp line dividing leg and trunk at the thigh, where much matter has been deposited. The head itself is seen to be growing gradually one-sided and on the neck and head, lumps may form. Side encumbrance is clearly to be observed when the head is turned, there being always tension at the part of the neck affected. Usually regular cords are to be remarked, frequently clearly indicating the direction the foreign matter has taken and in which it will continue.

The consequences of side encumbrance are in general more serious than those of front encumbrance, and are more difficult to cure. Toothache gradually makes itself felt at the affected side, the teeth having decayed. When there is a complication of side and front encumbrance, deafness often results. In such cases, a swelling, running up to the ear, is often to be noticed. The eyes, also, readily become affected and gray or black cataract may make its appearance, naturally always on the encumbered side first.

Should the one half of the head become entirely encumbered, the result will be megrim, *i. e.*, headache affecting one side only. Such headaches may be experienced for years without any apparent change for the worse, until at length the encumbrance at the part has become so large, that the matter is forced to travel to another place.

Thus, a lady acquaintance had for 15 years suffered from megrim, without, of course, being able to obtain any relief from the orthodox medical practitioners. Her family physician merely consoled her with the assurance that it would pass over in the course of time. And, as a matter of fact, the megrim did disappear after 15 years; blindness, however, making its appearance almost simultaneously. No one ever imagined that there was any common relation between the megrim and loss of sight. There was merely the regret that a new misfortune had occurred, after the old trouble had been got over. But the case was very simple: the foreign matter had now travelled up to the eye. The remarkably strong constitution had been able to prevent this happening for all the previous years.

Left-sided encumbrance usually suppresses the activity of the skin, wherefore it is more serious than that of the right side, which, as a rule, is attended by profuse perspiration whereby the progress of the encumbrance is stopped. Sweating of the feet is common, for instance, where there is right-sided encumbrance.

In the latter kind of encumbrance, the internal fever is therefore generally less pronounced than where the left side is affected. If, however, for any reason there is a cessation of the sweating in cases of encumbrance of the right side, the condition at once becomes earnest.



Fig. 15.—Side Encumbrance.

Head: size normal.—*Forehead:* normal.—*Eyes:* normal.—*Nose:* normal.—*Face:* line of demarcation normal.—*Neck:* thick cords on either side; stiff.

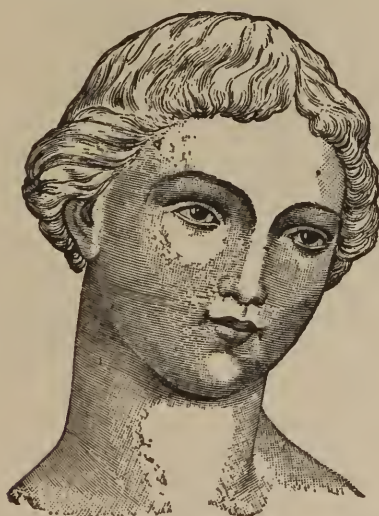


Fig. 16.—Side Encumbrance (Right Side).

Head: size normal, bent towards the left.—*Forehead:* normal.—*Eyes:* normal.—*Nose:* normal.—*Mouth:* normal.—*Face:* right side too long; no clear line of demarcation on right side.—*Neck:* much enlarged on right side; rigid.



Fig. 17.—Side Encumbrance (Left Side).

Figure: one-sided, left side broader than right.—*Head:* size normal, not situated in centre-line of body.—*Forehead:* normal.—*Eyes:* normal.—*Nose:* normal.—*Mouth:* normal.—*Face:* line of demarcation normal.—*Neck:* much enlarged on the left.—*Shoulders:* left one broader than right.—*Body:* broader left than right; no line of demarcation at left thigh.—*Abdomen:* pronounced seat of deposit on left.—*Legs:* left one thicker than right.

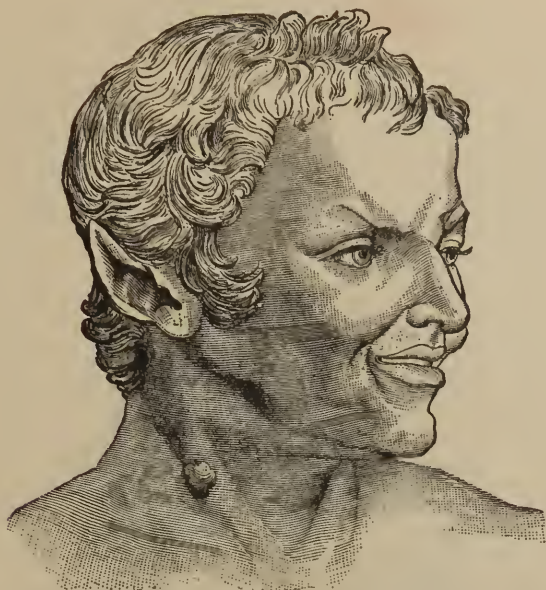


Fig. 18.—Pronounced Side and Front Encumbrance.

Head: somewhat too large.—*Forehead:* cushioned.—*Eyes:* compressed.—*Nose:* normal.—*Mouth:* distorted.—*Face:* no clear line of demarcation.—*Chin:* enlarged.—*Neck:* almost disappeared; thick cord with wart on right.

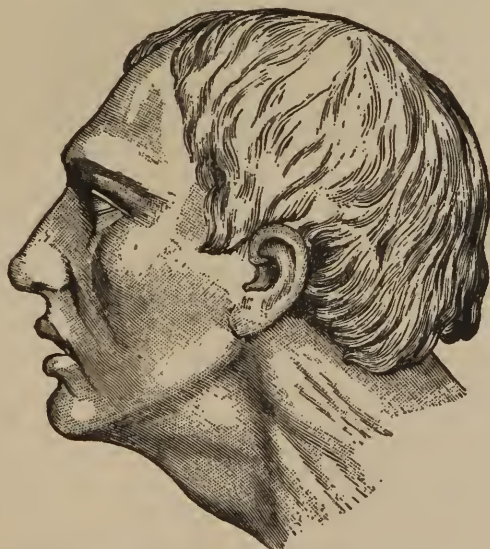


Fig. 19.—Front and Side Encumbrance.

Head: too large.—*Forehead:* cushioned.—*Eyes:* compressed.—*Nose:* somewhat too large.—*Mouth:* open.—*Face:* line of demarcation normal.—*Neck:* as thick as head, lumpy deposits.

C. *Back Encumbrance*

(Fig. 20, et seq.)

Of the three kinds of encumbrance, that of the back is the most serious. It passes up the back, causing various changes in shape. Sometimes the matter may not ascend to the head, but will remain in the back, the result being an enlargement. Such swellings may commence in any size and pass through various stages from round shoulders to



Fig. 20.—Back Encumbrance.

Head: somewhat too large.—*Forehead:* cushioned.—*Eyes:* dull, compressed.—*Nose:* too thick in front.—*Mouth:* somewhat open (not to be seen).—*Face:* no line of demarcation.—*Neck:* nape quite filled up; no line of demarcation here.

Head cannot be turned either to the right or left.—*Back:* shoulders round.

pronounced hump-back. But in any case it is always to be regarded as fortunate if the matter does not ascend to the head, since it is here that the most dangerous changes occur. If, however, the matter does finally reach the head, the nape of the neck will become enlarged, and the line of demarcation between the neck and the back of the head will be obliterated. Gradually, the space here will be quite filled with deposited matter. (Figs. 20, 24 and 25.) The head will grow broader towards the crown, and on the forehead an adipose cushion may make its appearance.

The face may also become affected, but in such case the matter will descend from the crown of the head.

Back encumbrance is nearly always accompanied by piles, and since the hips are generally also affected, there is frequently a staggering gait.

Should acute diseases occur in cases of back encumbrance, they are always of a serious character, frequently proving fatal. Usually the only way for the patient to save himself is by the frequent use of cold-water baths, on my system, and by inducing profuse perspiration.



Fig. 21.—Back Encumbrance.

Head: too large, bent forwards.—*Forehead:* cushioned.—*Eyes:* somewhat prominent (not well to be seen).—*Nose:* normal.—*Mouth and chin:* somewhat enlarged.—*Face:* no line of demarcation.—*Neck:* nearly as large as the head; no line of demarcation at nape.—*Back:* shoulders round.

Highly febrile diseases generally occur only in children. Adults suffering from back encumbrance rarely experience these crises. Besides, adults are exposed to all the other results of back encumbrance, which are equally dangerous. Once the head has been attacked, nervosity with its accompaniments, such as weakness of memory, absent-mindedness, lack of energy, may follow. The mind may even become completely disturbed. Where there is back encumbrance, aberration of the mind is always to be feared; and it is here in particular that we see the value of the Science of Facial Expression, by means of which the threatening danger may be recognized from the very commencement.

Persons afflicted with back encumbrance are in the first stages mentally active, though there is always a certain amount of restlessness. Children will be precocious, but later will not fulfil the hopes set in them: they grow inattentive and absent-minded. Medical men, however, are unable to discover any morbid symptoms. Adults who are fully aware of their nervous condition are told that their disease is

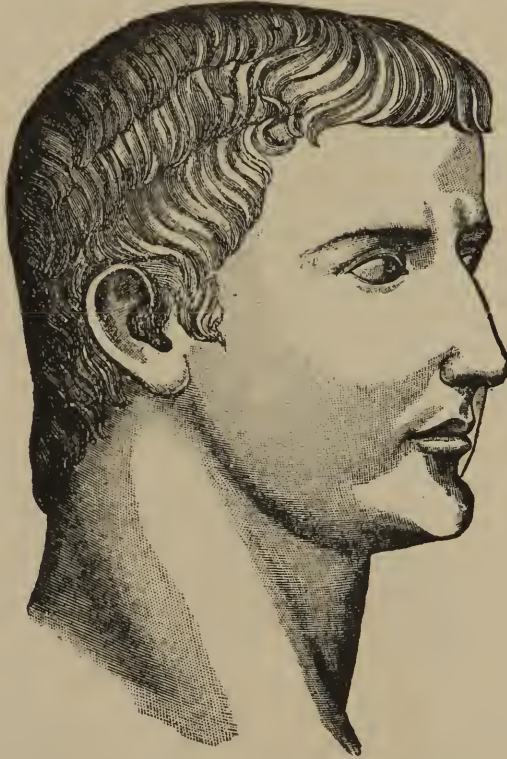


Fig. 22.—Back and Side Encumbrance.

Head: too large, especially at back.—*Forehead:* cushioned, too broad.—*Eyes:* normal.—*Nose:* normal.—*Mouth:* normal.—*Face:* line of demarcation at nape; striking enlargement at side.

merely imaginary. Indeed, on account of their bloated body and flushed complexion, such persons are often considered as specimens of health.

Encumbrance of the back leads to premature awakening of the sexual instinct, and drives children, as well as youths and young girls, to self-abuse, the result being early impotence and sterility. Persons suffering from back encumbrance are almost without exception incapable of procreation. If, of the two persons having congress, only one suffers from back encumbrance, or if the latter is not far advanced, children may be



Fig. 23.—Back Encumbrance.

(Portrait of the person shown in Fig. 22 in youth.)

Head: size almost normal.—*Forehead*: normal.—*Eyes*: normal.—*Nose*: normal.—*Mouth*: normal.—*Face*: line of demarcation normal.—*Neck*: somewhat too thick; line of demarcation at nape already obliterated.

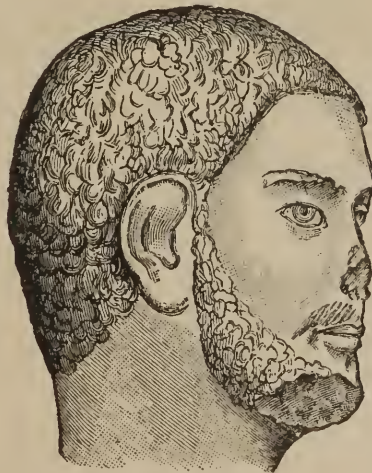


Fig. 24.—Back Encumbrance (Bust of a Persian).

Head: size normal, but too large at back.—*Forehead*: normal.—*Eyes*: normal.—*Nose*: broken off the bust found.—*Mouth*: normal.—*Face*: line of demarcation normal.—*Neck*: too thick; no line of demarcation at nape.

begotten, but will be weakly and indeed, often not viable. A woman so afflicted is liable to miscarriages or premature births; if she bears children, she cannot nurse them.

If back encumbrance with its consequences becomes general in any nation, it is a sure sign that the latter is degenerating and approaching its downfall. It is of extreme interest and importance to observe that the busts of the old Persians (Fig. 24) and Romans (Fig. 25) bear evidence of the existence of dorsal encumbrance. Thus the Science of Facial Expression reveals to us to-day, the reason of the downfall of these nations, despite their high civilization.



Fig. 25.—Back and Side Encumbrance.
(Ancient Roman Bust.)

Head: too large, especially at back.—*Forehead:* somewhat cushioned.—*Eyes:* normal.—*Mouth:* normal.—*Face:* line of demarcation normal.—*Neck:* too thick; no line of demarcation at nape.

People who are afflicted with back encumbrance, are intellectually inferior, and are never suited, for instance, for conducting diplomatic transactions. For example, the person shown in Fig. 6 is without doubt mentally superior to those shown in Figs. 20 and 21, even though his general education may have been poor.

Back encumbrance is far more common amongst the upper classes than amongst the poor, since it is the former who transgress most in regard to diet.

It is the duty of everyone suffering from back encumbrance, to immediately set about its cure, for the older one grows, the more difficult

is the trouble to cope with. The worst of this kind of encumbrance is, that the person afflicted gradually loses the energy necessary for its cure. As long as the foreign matter is soft and mobile, elimination is comparatively easy; once the matter hardens, however, and so becomes more stationary, much trouble and perseverance is necessary for its removal. Often, in fact, notwithstanding the greatest exertion, cure is then impossible.



Fig. 26.—General Encumbrance, Chiefly on Left Side.

Head: too large, bent to one side.—*Forehead:* too high, cushioned.—*Eyes:* restless.—*Nose:* nearly normal.—*Mouth:* somewhat open.—*Face:* no line of demarcation (not well to be seen).—*Neck:* too thick, especially on the left side.

D. Mixed Encumbrance

(Figs. 8, 18, 19, 26, et seq.)

As already remarked, one kind of encumbrance seldom makes its appearance alone. Usually two or all kinds are found simultaneously and the results of each kind, according to its degree, appear together. Very frequently there is front and side encumbrance at the same time (Figs. 8, 10, 18 and 19), and as often, side and back encumbrance (Figs. 22 and 25); sometimes, even, we find front and back encumbrance simultaneously.

Naturally, the most serious cases are those of persons suffering from general encumbrance of various parts of the body (Fig. 26 *et seq.*, and 39, 40). Such persons are nervous, restless, discontented and whimsical. Should they be attacked by an acute disease—and to such they are

particularly disposed—there is always great danger. On account of the body being full and overloaded, they are often considered to be in first rate health; and since external fever is rarely to be observed in them, people are astonished at their sudden death, and wonder how such a “healthy” person can die so unexpectedly.

As long as the body is bloated (Fig. 28), there is generally hope of cure. The case is worse, however, if there is desiccation and withering up of the body. There is then little aid possible, and even with the most careful treatment there is small chance of recovery. In any case, it depends upon the age and vitality; many persons have sufficient strength even here to expel the foreign matter, whilst those having less vitality are rarely able to do so.



Fig. 27.—General Encumbrance.

(Back view of the person shown in Fig. 26.)

We here see especially the square shape of the head, and the astonishing thickness of the neck.

Disease of the Internal Organs

As has already been mentioned, the Science of Facial Expression has nothing to do with the usual medical nomenclature. It is therefore not concerned about giving every disease a particular name; nevertheless, it is able to diagnose in general, which of the internal organs are most attacked. We will now enter somewhat into detail as to the symptoms which guide us, and the inferences to be drawn.

From what has been already remarked in this work, it will be seen that of whatever kind the encumbrance may be, the organs of digestion are always affected. It is in these that disease commences, and in proportion as they become saturated with morbid matter, their functional capacity diminishes. It may happen that the person afflicted feels nothing, as chronically morbid conditions of the internal organs seldom cause pain. The digestive organs should always perform their work in such manner, that we are unconscious of their presence. This, how-



Fig. 28.—General Encumbrance.

Head: too large.—*Forehead:* cushioned.—*Eyes:* normal.—*Nose:* too thin.—*Mouth:* somewhat open.—*Face:* line of demarcation totally obliterated.—*Neck:* enlarged all around, rigid; no line of demarcation at nape.

ever, is rarely the case with anyone, or at any rate only with people who spend most of their time in the open air. Most people are subject to slight discomforts arising from stomach or intestines, and they consider themselves fortunate if they do not suffer any great pain in these parts.

Naturally, it is worst in cases where the foreign matter has dried up, in which event we find the digestive organs becoming gangrenous; constipation, or it may be diarrhea, perhaps, resulting. Both these conditions are caused by internal heat. Constipation results upon the mucous membrane of the intestines becoming dry; the fæces cannot then be

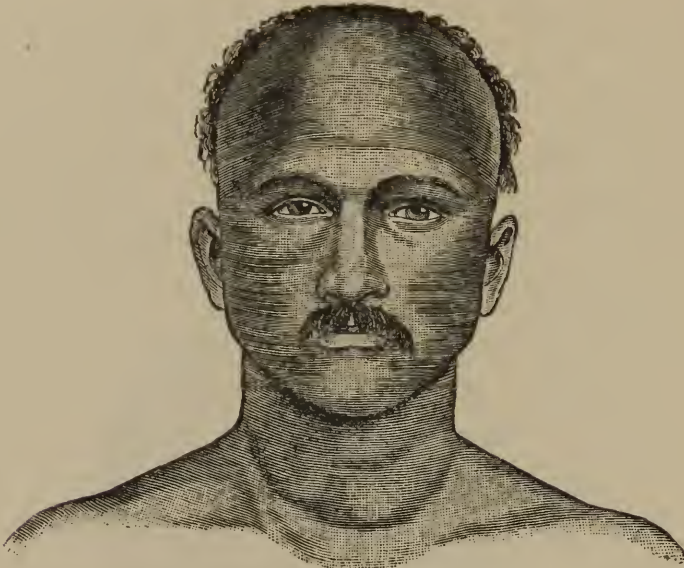


Fig. 29.—General Encumbrance.

Head: too large.—*Forehead:* shiny.—*Eyes:* compressed.—*Nose:* somewhat too broad.—*Mouth:* somewhat open.—*Face:* square, no line of demarcation (not to be seen).—*Neck:* too thick, rigid; no line of demarcation at nape (not to be seen).

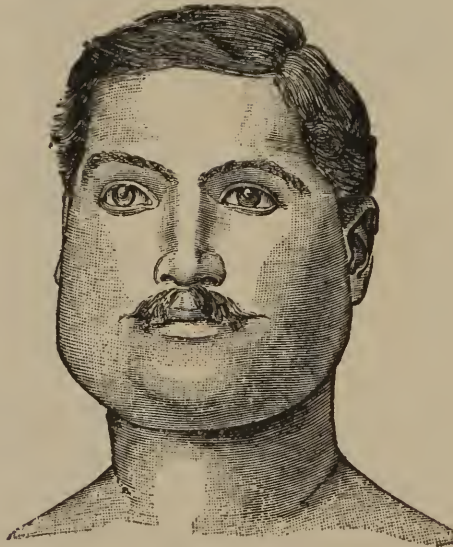


Fig. 30.—General Encumbrance.

Head: too large.—*Forehead:* almost normal.—*Eyes:* restless.—*Nose:* normal.—*Mouth:* somewhat open.—*Face:* deformed, broader below than above; no line of demarcation (not to be seen).—*Neck:* too thick.



Fig. 31.—General Encumbrance.

(Back view of the person shown in Fig. 30).
The immense swelling behind the ears can here be seen, and the rigid and enlarged neck.

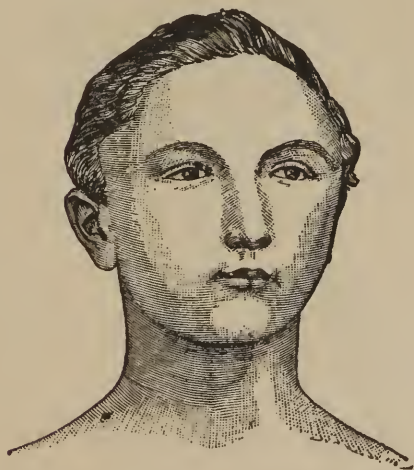


Fig. 32.—General Encumbrance.

Head: abnormal, much too wide above.—*Forehead:* depressed.—*Eyes:* compressed.—*Nose:* normal.—*Mouth:* normal.—*Face:* pale.—*Neck:* rigid, somewhat too thick.

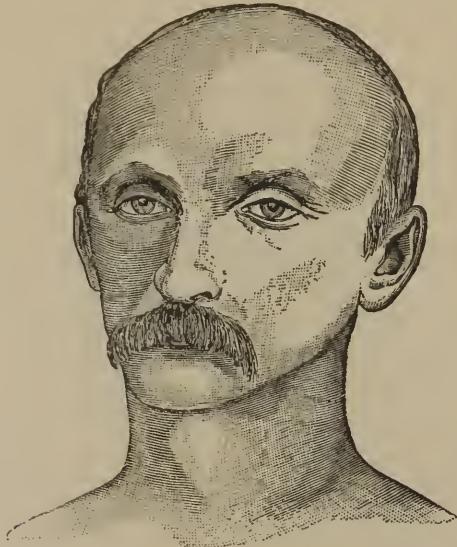


Fig. 33.—General Encumbrance.

Head: too large, too wide above, too narrow below.—*Forehead:* depressed.—*Eyes:* compressed.—*Nose:* normal.—*Mouth:* normal.—*Face:* pale, distorted.—*Neck:* too thick, rigid.



Fig. 34.—General Encumbrance.

Figure: abnormal, extremely sloping shoulders.—*Head:* angular, back too high.—*Forehead:* normal.—*Eyes:* normal.—*Nose:* normal.—*Mouth:* normal.—*Face:* line of demarcation normal.—*Neck:* too thick, no line of demarcation at nape.

ejected, lose their moisture and form a hard mass. Diarrhea occurs when the intestines still possess sufficient energy to expel the fæcal matter remaining in them; the latter, however, is ejected before it has assumed the proper form. In either case the food is not properly assimilated, and whilst being but inadequately nourished, the system is receiving a constant supply of foreign matter. The result is poverty of blood and consumption of the entire body. The symptoms of consumption are increasing weakness and emaciation, despite the usual

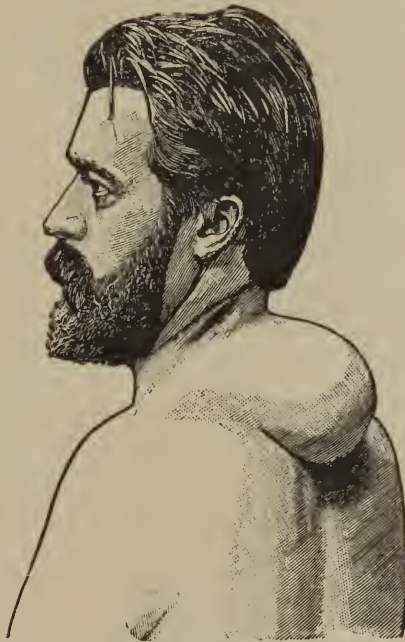


Fig. 35.—Back Encumbrance.

Head: normal.—*Neck:* in front normal, behind somewhat too thick.—*Back:* with a regular pouch of morbid matter; this is the reason why the head is but little encumbered.

“nourishing” diet recommended in such cases. This is a clear proof that the functional condition of the digestive organs is of more importance than the diet itself. Thus disturbances of the digestion may be inferred at once, no matter of what kind the encumbrance is. In cases of encumbrance of the left side, it may be assumed that it is those parts of the digestive apparatus lying to the left, which are most affected, and that pressing sensations or pains will be experienced there, either intermittently or continually. Where the encumbrance is on the right side, on the other hand, the troubles will mainly be felt there. In back encumbrance, it is principally the back parts of the intestines which suffer,

and, as already stated, hemorrhoids are common. In front encumbrance, the digestive organs also are less affected than in other kinds of encumbrance. The trouble itself may be just as great, that is, there may be the same pains and discomfort caused, but the nutrition will not suffer so much and cure is easy by means of curative crises, or my system of baths and careful living.



Fig. 36.—Front and Side Encumbrance.
(Scrofulous Child)

Head: too large.—*Forehead:* cushioned.—*Eyes:* compressed.—*Nose:* too thick.—*Mouth:* open.—*Face:* nearly square; no line of demarcation.—*Neck:* too short and too thick.



Fig. 37.—Front and Side Encumbrance.
(Scrofulous Child).

Head: too large.—*Forehead:* cushioned.—*Eyes:* almost normal.—*Nose:* too thick.—*Mouth:* open.—*Face:* nearly square; no line of demarcation.—*Neck:* too short and too thick.

One of the digestive organs is the *liver*, which lies to the right, and which in encumbrance of this side of the body is nearly always affected. The complexion then assumes a yellow hue, the liver being unable to secrete the bile from the blood. Encumbrance of the right side, when at the same time the skin is yellowish, in general indicates disease of the liver. A characteristic symptom of disorders of the liver, as indeed of

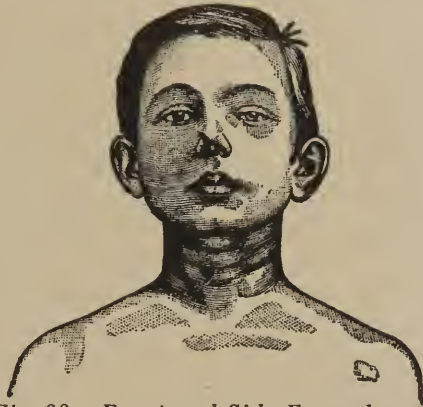


Fig. 38.—Front and Side Encumbrance.
(Consumptive).

Head: size almost normal, below too broad.—*Forehead:* normal.—*Eyes:* normal.—*Nose:* swollen; chronic inflammation.—*Mouth:* open.—*Face:* square; no line of demarcation.—*Neck:* covered with lumps; rigid.



Fig. 39.—General Encumbrance.
(Consumptive).

Head: size normal.—*Forehead:* normal.—*Eyes:* somewhat compressed, dull.—*Nose:* somewhat too thick.—*Mouth:* open.—*Face:* square, bloated; no line of demarcation (not to be seen).

encumbrance of the right side in general, is *profuse perspiration*. All persons so encumbered, perspire readily, which is much to their advantage. Frequently, they suffer from troublesome sweating of the feet, which, unpleasant as it may be, is for such persons exceedingly beneficial, as long as there is foreign matter to be expelled. When this matter has all been ejected, the sweating ceases of itself, its disappearance thus being accompanied by no danger. If it is artificially suppressed by drugs, on the other hand, the results may be serious, as the foreign matter, which is carried off in the perspiration, is then deposited, and the place chosen may be in some vital organ.

The *kidneys* likewise belong to the organs of digestion, and are liable to disease in all cases of encumbrance of the body. Their condition is most readily ascertained from their secretion, urine. Their condition becomes critical in cases of encumbrance of the back and also of the left side, since here the perspiration is inadequate. Soft, watery sacs or pouches then form below the eyes—a sure sign of the presence of disease of the kidneys.

If the digestive apparatus is very much encumbered, the sexual organs, especially in the case of women, also become involved. Usually, however, they only become affected after a considerable time and where the encumbrance is severe. This is evidently a provision of Nature, so that propagation may not be so quickly influenced. In women, diseases of the sexual organs may arise in two ways: through severe encumbrance of the intestinal canal, the uterus may be depressed or forced aside, causing what is known as uterine flexions; or the sexual parts themselves may become encumbered. The latter condition, however, is only found in encumbrance of the back. This kind of encumbrance in the case of women is the cause of sterility, troubles in pregnancy, and difficult parturition. The secretion of milk may also be stopped or decreased, according to the degree of the encumbrance. As already stated, dorsal encumbrance interferes with the propagation of the species.

If the encumbrance in the upper or lower parts of the body increases, and there is not sufficient sweating to remove it, rheumatism is probable. This is particularly so where the encumbrance is on the left side, as the body in such cases does not perspire freely. Thus, if there is *encumbrance of the left side, we have always to expect rheumatism*. But this will only be, when the degree of encumbrance is very considerable; for it is not until the whole body is permeated with foreign matter to the very extremities, that those painful symptoms appear, which are known as rheumatism. This occurs usually when there is a sudden fall in the temperature. The cold causes sudden contraction, and the foreign matter is consequently forced back and accumulates about the joints, giving

rise to much pain. Such rheumatic pains are thus always beyond the joint, never within it. If the pores are opened by a local steam-bath at the part affected, and the deposits thus rendered mobile, the pain will disappear, the morbid matter being partly expelled.

Should the matter not be expelled, however, it will gradually harden, and we have the state known as *gout*, which is solely the result of uncured rheumatism. It results also in cases where the rheumatism has been removed by treatment with dry heat. This is no true cure, it is merely a suppression of the diseased condition. Gout is naturally more difficult to cure than rheumatism. Like the latter, it implies encumbrance of the left side. Indeed, whenever we find left-sided encumbrance, we may safely predict rheumatism and gout. The most dangerous cases are those in which there is also back encumbrance and kidney disease; for the kidneys cannot then perform their function properly, wherefore a large quantity of matter remains in the body which would otherwise have been expelled.

In left-sided encumbrance the *heart* is also usually attacked, particularly where there is a complication with front encumbrance.

Amongst the most dreadful of all diseases are those of the *lungs*. When the patient feels that the lungs are affected, and when a pulmonary affection is diagnosed by the usual method of medical men, the body has already been severely attacked. By means of the Science of Facial Expression, however, the disease is diagnosed much earlier, and if the proper treatment is adopted in time, it may be cured quite as easily as other forms of disease. As will be clear from what has already been explained, the lungs are never attacked alone; the whole body must first be permeated with morbid matter before the lungs become appreciably affected. Even impure air, as has been before remarked, cannot attack the lungs, unless the interior of the body has been encumbered with foreign matter. It is probable that pulmonary affections arise generally as the result of the medical treatment of some other diseased condition, more especially after fever has been suppressed by drugs. As long as doctors fail to recognize the character of fever, so long this false system of treatment will continue, yielding its evil fruits, one of the most common of which is disease of the lungs.

Foreign matter deposits itself in the lungs from above, only descending from the head and shoulders when these have become heavily encumbered. Sometimes the head remains free and the encumbrance commences directly from the shoulders and neck (Fig. 38). The morbid matter thus travels first from below upwards, and then again from above downwards, towards the internal organs. As the matter descends, it is the apexes of the lungs that are usually attacked first.

Persons developing consumption, it will usually be found, were in

youth full and stout. One would have been able to remark even then considerable pressure upwards, and lumpy formations in the abdomen. The face was flushed and shiny, and gradually assumed a square shape (Figs. 37, 38 and 39). Later on the mouth is no longer kept closed, especially not in sleep. At first this is scarcely to be observed, but gradually the amount the lips are kept apart increases. The nose now becomes somewhat inflamed internally, and chronic nasal and bronchial catarrh makes its appearance. The inside of the nose may even become black, showing an advanced stage of disease. As long as the body is stout, the nose will be enlarged; it will then commence to become thinner, especially at the bridge. The condition is now getting critical. In many cases the head is but little affected, the morbid matter being deposited in the neck; the latter will then increase in length and the shoulders sink.

I repeat, therefore, that a person having a predisposition to pulmonary affections, is usually at first bloated, showing pressure upwards. And it is now already time to commence to combat the incipient disease, particularly in the case of children. All children with large heads (Figs. 37, 38, 48 and 49), that is, all scrofulous children, have the germs of consumption in them. These may be inherited from encumbered parents, or may result from wrong feeding, or even from treatment with drugs during the first months or first years of life.

The body, as a rule, endeavors to expel the foreign matter, and as a result there are often colds and coughs. If these occur very often, or last very long, consumption is always to be suspected. In adults also the system attempts to expel the foreign matter in this way. In frontal encumbrance, it is often successful for a long time, so that persons suffering from this kind of encumbrance, even though consumptive, may attain old age. But where the encumbrance is lateral, and especially dorsal, the vitality rapidly becomes too low to cause and withstand such curative crises. The system may make the attempt to expel the matter by abscesses, ulcers and boils, and sometimes so-called carbuncles form on the back and chest; these if properly treated, will ease the body, a large amount of morbid matter being ejected from the organism in the form of pus. In persons of low vitality, however, the foreign matter contracts, forming nodules, and it is these that make up the so-called tubercles of the lungs. These latter, therefore, are nothing more than abscesses which have not become ripe. They only arise where the vitality is low.

Such tumors cause no pain, so that the patient as a rule has no idea how serious his condition is. The decrease in the bodily powers may be remarked, but as no physical pain is caused thereby, no one imagines how rapidly death is approaching.

All other swellings arise in the same manner, no matter what names they may bear: hemorrhoids, encysted tumors, cancer nodules, etc. Even plague pustules and boils are no exception. In this case likewise, the body is attempting to cleanse itself throughout; the low vitality, however, does not admit of success, hence the tumors.

The commencement of that dread disease leprosy, is also marked by pronounced nodular formations at the extremities. These excrescences form first at those parts where the skin no longer perspires.

Nodular formations of any kind whatsoever, are always a sign that the system is thoroughly disordered, and that the vitality is being lowered, so that the body is partly or wholly unable to produce abscesses or ulcers.

It is generally in severe dorsal encumbrance that these symptoms are found, while in simple frontal encumbrance they seldom occur, as the vitality in such case is less unfavorably influenced.

If, now, we can succeed in raising the vitality, the nodules develop into abscesses, and the health is improved, or the disease even completely cured.

A gentleman had been suffering for years from the eyes and had become nearly blind. On the head there were a large number of nodules, which had been increasing from year to year. He commenced a cure in my institute, by which means the bodily vitality was greatly increased. Large abscesses formed on both cheeks and discharged a quantity of pus. Simultaneously the condition of the eyes much improved, and in short time he could see quite well again, not even being shortsighted.

A young man, 20 years of age, had a considerable number of warts on his hands and face. In summer, he had a chance to be much in the open air. In this way, his body was strengthened, so that without having to make any cure, a curative crisis occurred. An immense abscess appeared on one arm, and for several weeks pus was discharged. To the astonishment of the patient and his friends, the warts on hands and face now disappeared of themselves. The body had here taken the cure up itself, as it were, with an energy, such as is seldom met with.

Very similar to pulmonary consumption in many respects, is leprosy, most common in tropical countries. This disease also is the result of heavy encumbrance, and is frequently only the consequence of some other diseased condition—especially fever and syphilis—which has been treated with drugs. Where syphilis has been suppressed in the usual manner, a cure is rarely possible, since the mercury which the doctors generally employ weakens the healing power of the body in too great a degree.

Naturally, as has already been stated, leprosy is a febrile disease like

any other; for the body attempts to dissolve the nodules and expel the foreign matter. If it succeeds in producing ulcers or abscesses, the nodules disappear simultaneously, and the skin, previously dry and shiny, now again assumes the normal moist and porous condition. If there is not sufficient vitality to produce ulcers, the nodules increase greatly in size; or dry up and undergo necrosis or decomposition, while the remainder of the body continues to live.

Some of the subjects still possess all their limbs in their entirety, but have become emaciated almost to skeletons. Such are, for the most part, hopeless cases, for no cure can here take place of itself, such as is always possible where the body is still well nourished and the foreign matter has not yet begun to dry up and decompose.

Medical men regard this disease as hopelessly incurable, but this is because of their absolute ignorance of the nature of fever and of disease in general. In leprosy, they are unable even to point to apparent cures, for the whole body being encumbered, there is no part remaining to which the foreign matter can be driven. Medical science so-called, therefore exercises its power in a different manner; it has the leper torn from his family and banished to a desolate island. But in spite of the removal of what is regarded as the seat or focus of the disease, leprosy continues to make its appearance, and the doctors' diagnoses do nothing towards preventing it. Certain bacilli are alleged to be the cause of the disease, but nothing is known of the encumbered condition of the body.

Even a mere tyro in the exercise of the Science of Facial Expression, will immediately recognize the coming danger. It is, indeed, no difficult matter to observe the severe encumbrance of the body which must precede the disease. As a result of the new diagnosis, one is thus in a position to give the subject timely warning and acquaint him with the result of thoughtless procrastination, or total indifference.

There can be no doubt that many lepers could still be saved, if a proper treatment, according to the New Science of Healing, were energetically commenced in time.

Many missionaries are meritoriously taking up the matter and making my method of cure known to lepers; and some extremely satisfactory results have been obtained. This disease comes about in the same way as any other, and must therefore be capable of cure by the same means, so long as the body, as explained above, still possesses sufficient vitality.

THE DIAGNOSIS IN PRACTICE



I HAVE now described to the reader the various symptoms by which disease in general, and special forms of it in particular, may be diagnosed. I propose next to place him in a position to acquire sufficient skill in the application of the Science of Facial Expression, to enable him to practically diagnose patients, more especially himself and the members of his family.

Of course, it is only practice that can make perfect; but skill in diagnosing will soon increase rapidly, provided the practitioner possesses a healthy eye. *I would here express the hope, however, that readers will refrain from obtrusively observing others, who do not wish to be diagnosed.* Such conduct is most objectionable to society in general, and cannot fail to compromise the Science of Facial Expression.

I will proceed now to detail a number of cases which I have diagnosed in course of my practice, reference being made to the illustrations contained in this work. Certain observations cannot, of course, be reproduced pictorially: such as complexion and tension; and frequently only the encumbrance of one part can be illustrated. The actual observations made are, however, faithfully recorded. After all, the principal point is the conclusion to be drawn in any case.

I. The gentleman represented in Fig. 2 is corpulent; he approaches us with slow, short steps. His carriage is not bad, but the complexion indicates deep-seated disease, being much too red, the skin having a conspicuously shiny appearance. The pronounced obesity tells us at once that the patient is heavily encumbered. The forehead is cushioned with adipose matter, which presses upon the eyes so that the latter appear small and can only be opened with difficulty. We at once observe back encumbrance, the pressure being from the forehead downwards *i. e.*, from behind. The flabby, hanging cheeks show that the head is permeated with foreign matter. The vacant stare causes us to fear that mental aberration is already commencing.

We proceed to a close examination. The neck is almost as thick as the head, so that it is scarcely to be distinguished. It is swollen all round and altogether rigid. The head cannot, thus, be turned from side to side, and can only be slightly raised. The lines of demarcation are wholly absent both at the nape and jaw.

This is, we see, a case of advanced general encumbrance of the whole

body. Yet most people would regard the patient as a strong, healthy man—so little understanding has one to-day for the natural form.

Evidently, the patient has long suffered from excitability and nervousness. Since youth he has been troubled with indigestion and especially constipation. Without doubt, he also suffers from hemorrhoids. He certainly never enjoys undisturbed, refreshing sleep; probably the insomnia has continued for years. Although already mentally paralyzed, he nowhere finds quiet, there being great pressure of matter upwards accompanied by high internal fever. There being encumbrance of the left side also, the perspiration is deficient, this increasing the upward pressure of matter. He is not able to perform any task properly, although still in his best years. He has long been impotent.

Such a person is exposed to every form of disease. Unless a cure is commenced forthwith, the mind will certainly become completely disturbed. A real cure is here hardly possible, especially as the patient lacks all energy. It must be considered a signal success if even an improvement is attained.

II. The gentleman shown in Fig. 7, likewise has a good bearing. His complexion as far as the upper parts of the face are concerned, is tolerably normal, but the appearance of the lower part of the face is grayish and moreover heavy. A glance at the sides shows us that here again we have a case of frontal encumbrance, the facial line of demarcation being wholly obliterated. If the head is directed upwards, the pronounced swelling on the neck is seen, extending to the chin. On turning the head right and left, there is no lateral tension to be observed, proving that the sides are not encumbered. Nor is dorsal encumbrance to be detected.

The patient thus suffers chiefly from the neck, and is greatly troubled by toothache on fall of temperature. Probably, judging by his age, he has lost a number of teeth. The foreign matter has accumulated chiefly in the lower part of the face, but has also to some extent penetrated the upper part, causing loss of hair. There is a certain amount of danger that the eyes may sooner or later be affected.

Since, however, there is only front encumbrance, the patient may be assured of a rapid cure by means of hip and friction sitz baths. He may also, under ordinary circumstances, expect to live to a tolerably old age.

III. Suppose the girl represented in Fig. 11 comes to us to be diagnosed. We first observe the *carriage* and *complexion*.

The deportment is by no means good, the head being forwardly inclined. The complexion is pale. The half-closed condition of the eyes, caused by the pressure of foreign matter hither, strikes us. The girl is, as a matter of fact, more or less blind. We see at once that our patient is seriously ill, the head being already heavily encumbered. Let us now

determine what kind of encumbrance it is. A glance at the head suffices to show us that we have here a case of severe frontal encumbrance, for the line of demarcation of the face lies far behind the normal line at the ear. There is but slight dorsal encumbrance, the line of demarcation at the nape being almost normal. When the head is held correctly, this can be seen still more clearly to be the case. We next examine the case more closely by making the patient turn her head upwards; a pronounced swelling is observed, with tension of the neck. On the head being turned from side to side, slight lateral encumbrance is also apparent, the tension, however, being but trifling. The disease of the eyes has been caused by the frontal encumbrance, and we can readily remark with certainty that the whole of the front of the body is encumbered, the abdomen being particularly prominent. The lateral encumbrance is not sufficiently pronounced to cause serious uneasiness.

The eyes have become affected as the result of the increasing encumbrance of the head. Fortunately, however, we can console the patient with the report that her condition can be cured comparatively easily, her case being mainly one of frontal encumbrance.

Naturally, we must not commence a local treatment of the eyes, such as is usually done. On the contrary our aim must be to remove the abdominal deposits; improvement in the condition of the eyes will go on simultaneously and in due time the affection will be cured.

The eruption on the arm will certainly strike the reader. This was caused artificially, being the result of vaccination. The child's blood had also been thoroughly poisoned by inoculation with tuberculin. This, of course, cannot be ascertained from examination; but as the result of this fact (communicated by the mother), we know that the cure will be delayed.

In spite of this, the vision was restored in a few weeks, the encumbrance of the head having in this time been partly reduced.

IV. The young lady who is represented in Fig. 16 holds her head inclined to the left. From this, we at once conclude that there is encumbrance of the right side; and closer examination shows this to be the fact. The right side of the face is both broader and longer than the left. On the right side, the skin of the face appears shiny; on the other side, it is of normal color.

On the head being turned, we ascertain that the encumbrance is only on the right side and slightly frontal.

We may therefore safely conclude that in soft parts at the right side of the abdomen, there are large deposits of morbid matter, causing pressure at the right side. All the organs lying toward the right side of the body will likewise be affected, so that we may here expect to find

toothache, earache, inflammation of the eyes or megrim. In all acute diseases, such for instance as inflammation of the throat, the right side will certainly be first attacked. The perspiration, however, being normal, the patient will seldom suffer severely from so-called colds.

V. The skilled practitioner will see at once that the carriage of the man shown in Fig. 17 is abnormal, the left shoulder being higher than the right. We see also that the head is located too much towards the right, instead of being in the centre line of the body. The whole of the left half of the body, in fact, is broader and stouter than the right, as can be seen. The complexion is pale. The despondent mien of the patient shows us that he is heavily encumbered with morbid matter.

Close examination reveals to us an extremely severe encumbrance of the left side. The frontal encumbrance is slight, whilst the back is considerably affected. The right side is unencumbered.

Such pronounced lateral encumbrance indicates exceedingly advanced encumbrance of the abdomen. There must here undoubtedly be large swellings, naturally chiefly at the left side, where all kinds of morbid conditions may be expected. The illustration sufficiently confirms this.

The patient without doubt suffers from the heart. He is inclined to rheumatism; and on account of the high degree of encumbrance, is consequently exposed to a stroke of apoplexy which would occur at the right side.

In such an advanced stage of encumbrance, complete cure is seldom possible, and improvement is probably all that can be expected.

VI. In Fig. 20, we have the portrait of a man who appears strong and well nourished. We remark, however, that his bearing is not upright, for he advances with the head somewhat forwardly inclined. It is easy to see that he is too stout and over-nourished. The face is flushed and shows signs of excitation. There is a pronounced adipose cushion on the forehead.

We can already see that this is a case of dorsal encumbrance. Closer examination shows that the nape of the neck is quite filled up with morbid matter, so that it is impossible to move the head laterally. On our requesting him to turn his head, he moves the whole body in doing so. Lateral encumbrance is to be traced at both sides. This is clearly indicated by the already indurated swellings on each side of the neck. There is no frontal encumbrance.

Our patient is extremely nervous, and probably no longer capable of mental labor, or of prolonged physical work. For instance, he will be unable to concentrate his thoughts sufficiently to follow a lecture; he will not have the quietude to sit out a concert or theatrical performance,

nor, indeed, to remain long in a room or hall at all. There is great danger of his becoming mentally deranged.

He also suffers from hemorrhoids, in the form of clumps of piles from which the morbid matter proceeds to the back.

This patient can only expect a complete cure after a treatment, according to my system, extending over a number of years. Since the deposits have not yet become much hardened, improvement, however, may be expected in a few weeks, as soon as the head is somewhat freed from matter. For a complete cure, the whole of the dorsal and lateral encumbrance must be removed.

VII. From a first glance at the boy represented in Fig. 38, we observe little that points to disease; indeed, most people would regard him as being in good health. His bearing is good and the complexion is not strikingly sickly, even though it does not display normal freshness of youth. If, however, we recall the normal figure to mind, slight examination is sufficient to show us that the top of the head is somewhat too large.

We proceed to a detailed diagnosis. There is no dorsal encumbrance. The line of demarcation of the face is normal, so that one is almost inclined to say that there is also no frontal encumbrance. Yet inspection reveals to us lumps on the left side of the neck, which become still more obvious when the patient turns his head to one side. If he bends it backwards, we remark in the front considerable tension and also swelling. We thus see that we have here to do with encumbrance of the left side and also of the front of the body.

The patient, then, is more encumbered than we originally suspected; there is pronounced upward pressure of foreign matter and high internal temperature. The morbid matter has to some extent reached the forehead, partly it has settled in the neck, forming tumors. These lumps, we may be sure, are also to be found in greater or less number in the abdomen, particularly on the left side.

The boy without doubt suffers chiefly from palpitation of the heart and defective perspiration. His digestion will consequently be poor, for this is always influenced by the perspiration.

If the morbid matter should ascend still higher on the left side towards the head, megrim, earache and loss of hair on this side will be the result. In the course of years, nodules may form on the head; and the encumbrance being left-sided, rheumatism may subsequently make its appearance. The chest is exposed to danger, since the foreign matter, as we observe, has accumulated about the neck. Whether the matter will first pass to the head or to the chest, cannot be decided, unless we have some definite indication. A dry cough, for instance, would indicate that the lungs are already affected.



*Fig. 40.—Front and Side Encumbrance.
(Consumptive).*

Figure: emaciated, head inclined forward.—*Head:* size normal.—*Forehead:* normal.—*Eyes:* dull.—*Nose:* shape normal, inflamed internally.—*Mouth:* open.—*Face:* too lean, ashy hue, line of demarcation normal.—*Neck:* too long, rigid, with lumps; line of demarcation at nape normal.—*Chest:* hollow.

Our task is, of course, to drive back the foreign matter, which can be done by reducing the internal temperature by means of baths and suitable diet. The patient being young, and there being no back encumbrance, we can promise a tolerably certain cure. Patience will, however, be necessary, as nodular deposits have already formed and there is likewise lateral encumbrance to be remarked. Simple frontal encumbrance would not require half the amount of trouble and time to cure.

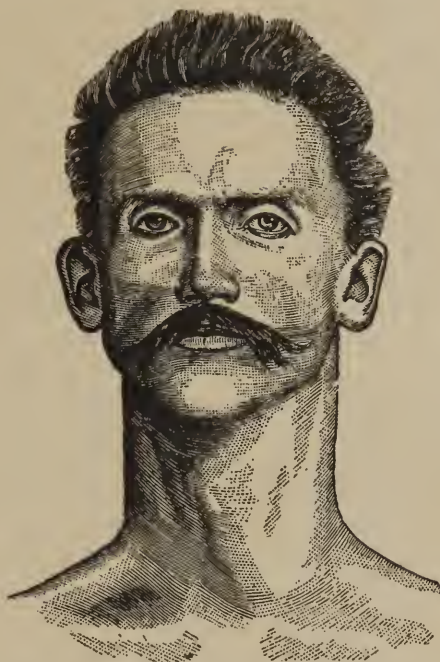


Fig. 41.—Front and Side Encumbrance.

Front view of the person represented in Fig. 40. The square shape of the face and the abnormally long neck will be observed.

VIII. Fig. 40 is the portrait of a man some thirty years of age. The head is pushed forward, the chest hollow. The complexion is pale, dull, lifeless. The face is haggard, and the cheek bones prominent.

These symptoms tell us that the state of nutrition of the patient is exceedingly bad; his system cannot assimilate the food, and the body is wasting away.

Closer examination reveals to us the abnormally long neck, covered with lumps (Fig. 41 shows a front view of the same person.) The encumbrance is here frontal, though the facial line of demarcation has again become normal, due to desiccation of the foreign matter and atrophy of the muscles. On the head being raised, however, we observe

pronounced tension, and nodules become so clearly visible, that there is not the least doubt as to its being a case of front encumbrance. The neck is also highly encumbered at the sides, being much swollen and displaying tension there. It is remarkable that the encumbrance has not penetrated very far upwards, for the forehead is free and the hair healthy and thick.

There is no encumbrance of the back. The foreign matter has settled chiefly in the neck, and thoroughly permeated it both at front and sides. The matter has also been driven downwards, penetrating the lungs, wherefore the chest has become hollow and the shoulders have sunk.

As there is no dorsal encumbrance, the patient is mentally normal, and the condition being chronic, he experiences no pain, the countenance being therefore tranquil. He is one of those patients who hope for recovery until the last moment. We will not rob the patient of this hope, but we know that for him there is little chance of cure. Improvement, however, can certainly be expected.

It is unfortunate that the patient's condition has not been recognized earlier. A year or two before, cure probably would have been quite possible.

IX. As the little boy, shown in Figs. 49 and 50, approaches us, we remark at once that his head is abnormally large and inclined forwards and the face flushed. The neck is obviously too short. Exact examination reveals general encumbrance, which has proceeded from all sides towards the eyes. The abdomen is also much too large, as the Figures show. Many people would consider him a particularly well developed child, but we know that he must be diseased through and through. That the eyes are seriously affected can be easily seen. As a matter of fact, the child was nearly blind when brought to me. He is shown in the illustrations after a month's treatment; his abdomen at the commencement was much more prominent and the pressure towards the eyes far more pronounced, so that a photograph could not be taken.

REMOVAL OF ENCUMBRANCE

THE removal of the encumbrance, the expulsion of the foreign matter from the body—this is the only rational method of treating disease. To merely drive the morbid matter from one part of the body to another, to confine it, and allow it to dry up: all this is no cure, but simply suppression of symptoms.

It is this latter course that is taken by orthodox medical practitioners, as I have already repeatedly explained. The other systems of cure are more or less—sometimes unconsciously—directed to really removing the cause of disease; the success attained is very variable.

The most effective system, I have explained in detail in my handbook of the science of healing diseases without drugs and without operations, and it is to this work that I must refer the reader for full particulars.

What I would here add, however, is first, a proof that cure is always synonymous with disappearance of the encumbrance. The sense of recovery, it is true, will generally occur before the encumbrance has entirely vanished; nevertheless, as observations clearly show, this sensation of cure depends wholly upon the decrease of the foreign matter. By means of the Science of Facial Expression we can ascertain whether the cure is complete, or whether there has been only a considerable improvement effected.

Figs. 43 and 44 show a lady suffering from front and side encumbrance. She had for ten years tried all kinds of cures in order to get rid of the tumors on the neck. Finally she decided to try my system and had the satisfaction of attaining her purpose after 2½ years treatment. Fig. 44 shows the patient after this cure. Not only have the tumors disappeared, but also other symptoms of disease. Thus the face has lost the anxious look, the cheeks have become fuller, the mouth is closed, whereas formerly the patient habitually kept it open, the neck has become normally round and smooth. The complexion, formerly pale, is now fresh. Until the cure, the digestion had always been bad, whilst it now leaves nothing to be desired. Instead of a burden, life has become a joy, and the features have been greatly beautified.

Thus not merely those symptoms, to remove which the treatment was commenced, but also other morbid symptoms have disappeared. Indeed, it could not be otherwise, if the morbid matter were once expelled from the system.



Fig. 42.
(See Fig. 43.)



Fig. 43.—Front and Side Encumbrance.
(The same person as shown in Fig. 42.)

Head: size normal.—*Forehead:* normal.—*Eyes:* normal.—*Nose:* normal.—*Mouth:* open.—*Face:* too lean; line of demarcation obliterated.—*Neck:* covered with large lumps; line of demarcation at nape normal.

Figs. 45 and 46 illustrate also a striking change which a patient attained by following my system of treatment. A letter from this gentleman, I print below. I would first remark, however, that Fig. 45 shows the patient suffering from general encumbrance. He was then troubled with intense nervosity and was in danger of any day falling a victim to some acute form of disease. Fig. 46 shows him considerably less encumbered. He is here somewhat too thin, but in time, in spite of his age, the body will no doubt acquire the necessary roundness. Healthy flesh will then take the place of diseased, flabby masses.



Fig. 44.—Normal Figure.

Represents the person shown in Figs. 42 and 43 after 2½ years' treatment.

I may explain that the treatment described in the accompanying letter was not especially prescribed by me. The patient proceeded in his own way after reading my handbook already referred to. I should have deemed the treatment too rigorous for a man so advanced in years, but at any rate the body appears to have come through all the crises successfully.

The gentleman writes:

Dear Mr. Kuhne:

For weeks, months and quarter years, my fingers have been itching to write to you, but what with the constant treatment, baths and fine weather, I have not been able to get so far. My photograph, however, now affords another, and practical, reason why I should write, and so I will not delay any longer.

But before going into details, I would mention two facts, otherwise, perhaps, you may not be able to call me to mind:

(1.) I called upon you about the middle of February 1890.

(2.) I wore a full beard at that time, so that I naturally looked somewhat other than now.

I have pleasure in forwarding you two photographs, neither of which, in order not to alter the features in any way, has been retouched either in the negative or positive. The first photograph was taken towards the end of September 1889, just after I had been dismissed as fully cured from Dr. K.'s allopathic sanatorium in U., after four months' indescribable treatment. But who, but a madman, after



Fig. 45.—General Encumbrance.

Head: too large.—Forehead: cushioned.—Eyes: compressed.—Nose: too thick.—Mouth: open.—Face: line of demarcation obliterated.—Neck: too thick.—Shoulders: sloping.

looking at this photograph could take me for well! It is enough to make one laugh, were the matter not sad enough to weep over. The second photograph has been taken after exactly $3\frac{1}{2}$ years' treatment and diet, according to Kuhne's system. If anyone has ever strictly followed the Kuhne cure and diet, it is I; and I can only express my satisfaction at the result. The complete changes and the differences shown by the two photographs are scarcely to be believed. The latter are at your entire disposal. If you wish to publish them in any journal, or in a future edition of your work, I give my full consent, and shall be glad to send you a faithful report of the course of my Kuhne cure and diet (the latter in strict accordance with the principles set forth in your handbook), for I have conscientiously kept a diary throughout. I still take three friction sitz-baths daily, each lasting 30-40 minutes, the first at about 6 a. m. From 8-10 a. m. I take a walk, if

possible barefoot, varied with gymnastic exercises on Schreiber's system, in a sunny wood, clad only in shirt and trousers. From 9 or 10 till 11 o'clock I give lessons, sitting at an open window, or draw in the open air. From 11-12 friction sitz-bath; 12-1 dinner; 1-2 rest in garden; 2-4 or 5 teaching, or drawing outside. From 5-6 or 7 another walk. At 7 o'clock friction sitz-bath. At 9 o'clock to bed. On Tuesday and Wednesday from 7.30-9.30 I have to conduct an evening drawing class. On these two days I take a friction sitz-bath (lasting half an hour) both before and after the class. Diet from January 1890 to August 1st 1892, 3 meals daily. Mornings and evenings: wholemeal bread, wholemeal and fruit, principally apples and grapes; dinner: vegetables, farinaceous foods and fruit, as in the morning. The fruit I always ate raw, never stewed. From August 1st 1892, likewise three meals daily, but all food uncooked; mornings and evenings as hitherto;

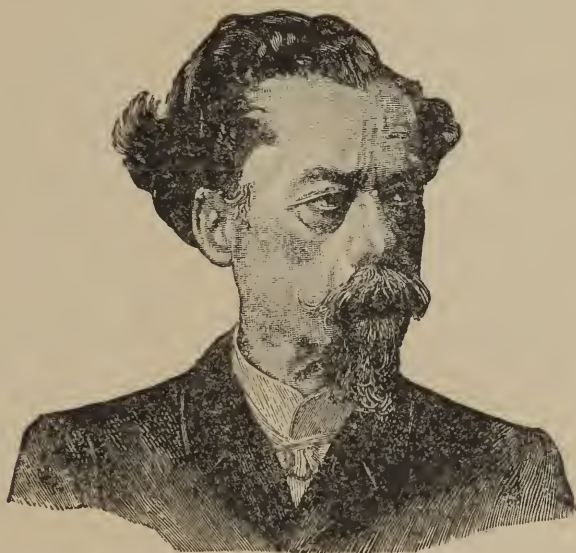


Fig 46.

Represents the person in Fig. 45, after 3½ years' treatment. Particulars concerning his case are given in the accompanying account.

noon: vegetables of all kinds, uncooked, except the potatoes, which were half cooked and flavored with lemon-juice, in the form of salad; instead of wholemeal bread, raw wholemeal. From January 1st, 1893 to August 1st, 1893 two meals daily; morning: nothing (as I worked less); noon: raw vegetables with lime-juice, wholemeal or, on account of my teeth now and again proving unequal to the work—wholemeal bread or cake and raw fruit; evening: wholemeal and fruit (raw). Since August 1st 1893, up to the present date, I take two meals daily: morning, wholemeal and fruit or wholemeal bread and fruit; noon, as above: raw vegetables, wholemeal and raw fruit; evening nothing.

The result of this cure can be seen from the enclosed photograph. I will add nothing more, as the likeness speaks for itself—except the remark that I formerly was tolerably bald; now the hair has again grown and entirely covers the part. My body has changed so much, that within the three and a half years I have re-

quired five new outfits, from boots to hat. And what really sounds incredible, at the age of 55 I got a new molar (backmost). If it did not remain long, it came out, without trouble, after about a year—at any rate, it grew—which without the Kuhne cure and diet would not have been the case.

During the vacation here in N., I take a sun, air and light bath every fine day, and find it does me much good. Unfortunately I cannot continue this at home, as my professional duties especially prevent it. I will now conclude, again remarking that I place the accompanying photographs entirely at your disposal and shall be most happy to furnish you with any further information regarding the course of my cure. With sincere thanks for your cure, and with kind regards to you and your family, I remain,

Yours sincerely, N.

INCREASING THE VITALITY



IN order to procure for the system the strength necessary for restoration to health, it is absolutely essential to utilize every factor which may assist us in attaining our end. Every method of treatment which aims at removing foreign matter from the system, requires a certain amount of *vitality*, and my method is no exception to the rule. Where nodular deposits are to be found in the body, it is a sign that the vitality has already been seriously lowered, otherwise the matter would not have thus become indurated. In attempting a cure, we must now do everything possible to raise the enfeebled vitality, and at the same time avoid everything that may tend to lower it.

I cannot here enter into an explanation of the nature of vitality; what we have here to consider is the question as to how we can *maintain*, or *restore* it.

We create new vital force every day by means of the food we consume, under which must, of course, be included the air we breathe.

Thus food plays a most important part in maintaining or raising the vitality, wherefore we must in eating pay attention to every factor which may exert an influence.

I shall therefore treat the question of nutrition exhaustively, answering four questions:

1. In what manner must our food be assimilated?
2. What shall we eat?
3. Where shall we eat?
4. When shall we eat?

1. In what manner must our food be assimilated?

The body endeavors to extract from the food consumed all those materials which are necessary for building up the system and assisting the bodily activity. Such material is extracted from the food and assimilated by the process of digestion. For us, it is unnecessary to consider the various separate steps in the digestive process, since we have to regard the process as a *whole*. The process is without doubt a continuous one, so long as there is material present in the system to be digested. It commences immediately we take food into the mouth and commence to chew it; it ends, so far as one part of the food is concerned,

with the ejection of such as excrement, whilst that part remaining in the system is still further assimilated, in arteries, lungs, liver, etc., the last remnants being finally expelled through skin and kidneys. The body must regulate the activity itself. If this is not so, it is a mistake to try and influence any part for itself. The bodily activity is a *whole*, and any disturbance of it whatever, signifies irregularity of the whole process. A disordered digestive system again, like every disorder whatsoever, implies disturbance of the whole body.

Thus by the digestive process the body assimilates all the material necessary for health. The process is, so to say, one of distillation, by means of which the extracts are obtained. There is, however, no other process which can be really said to be the same as that of digestion. All comparisons are more or less imperfect, the digestive process being a most comprehensive one. It is wholly an error to endeavor to relieve the digestive organs of any part of their work: this is simply to weaken them and, moreover, human skill has not yet succeeded, and never will succeed, in artificially imitating the process of digestion.

If the digestion has been debilitated, our sole task must be to provide the most favorable conditions possible for restoration of the function; and more food must not be supplied to the system than it can conveniently deal with. If we regulate the digestion in a natural manner, we shall be able in time to strengthen the body, and the vitality will be raised simultaneously.

I will now enter into an explanation of the conditions to be observed.

2. *What shall we eat?*

This question I have dealt with at some length in my handbook of the New Science of Healing, but I may here again call attention to a few points in particular.

The food we eat must be that which our nature demands. That which is unnatural, we must stringently avoid. I therefore advocate a non-flesh diet, for flesh-eating is unnatural (see my work "The New Science of Healing").

The fact that we have teeth for masticating our food, proves that our diet should principally consist of solid food—though I do not by any means recommend the so-called "dry-diet"—and those suffering from indigestion would do well to observe this. It is precisely dyspeptics who cannot properly digest liquid food, and they are in error in believing that soups, milk, coffee, tea, cocoa, wines, beer, etc., can be of service to them.

In the course of treatment of a large number of dyspeptic patients, I have gained much valuable experience which I will here relate.

Cooked food is always more difficult of digestion than is raw food. Food in *the course of development* is the most easy to digest; food which is quite mature, or on the point of commencing to decay, is much more difficult to assimilate. Unripe fruit and young leaves are therefore the foods which dyspeptics will most easily and quickly be able to digest. Much of such food cannot be consumed, for the body indicates at once when sufficient has been eaten, and it is then time to stop.

At first unripe fruit is apt to cause diarrhea, for being readily digested it expels the other material at the same time. This, however, will soon pass over and such fruit will then materially aid in regulating the digestion. Unripe fruit is best when picked direct from the tree, as through lying it loses in value. For this reason, home fruits are to be preferred to foreign, since the latter, through the long voyage, lose in digestibility.

In general, we may say that nature produces the most appropriate food for people in the locality where they are living. For instance, the attempt has been made to transport the food of more southerly regions to the Esquimos for the purpose of improving their general condition and consequently their health. It was soon found, however, that the imported food undermined their health still more.

If any region produces no food suitable for man, it is a sign that such place is unfit for human habitation. The regions of the frigid zones may be reckoned as such; and as a matter of fact no Esquimo is ever really healthy, or ever attains any great age.

The group of Esquimos shown in Fig. 47 appears, it is true, to consist of well-nourished persons; in point of fact, however, they are one and all heavily encumbered. Unfortunately, this cannot well be seen from the illustration, which was taken by an amateur. The vitality of the Esquimos is very low, and at a not very distant period they will probably have died out.

And how can it be otherwise? They are compelled to live almost exclusively upon flesh. It is true, they eagerly consume any fresh plants which the ground produces, during the short period it is not frozen, but such are not sufficient to counterbalance the injury done by the consumption of unnatural food otherwise, even though it may aid in improving matters. Those Esquimos who live on the coast and eat much fish are less encumbered, boiled fish being less injurious than other flesh, especially that of fattened cattle.

The inhabitants of the temperate zones are more fortunate and our spring affords us opportunity of increasing the digestive power, thus raising the vitality, by the consumption of fresh plants, leaves and fruits.

These foods are usually regarded as being of no value at all to human beings; but this view must be attributed to total ignorance of the laws of life.



Fig. 47.—Esquimos from Greenland.

One material I must especially mention as being apparently required by the human body, a material which would seem to be wholly useless to the system, and yet undoubtedly aids digestion—this material is sand. In their natural condition, there is always a certain amount of sand adhering to foods, and this despite thorough washing is not altogether removed. Such washing is in many respects beneficial, but at the same time it deprives us of a substance highly important to the body.

Animals consume sand instinctively and become ill if they cannot get it. We have only to instance hens and canaries, etc., whose plumage soon becomes rough and ragged if they are deprived of sand. Ostriches, with their magnificent feathers, inhabit the desert; in ostrich-farms where sand is not so plentiful, their feathers lose in beauty. The best food may be given, but without sand the condition of the feathers cannot be improved. And for man also a certain amount of sand appears to be a necessity. It is therefore decidedly better to eat wholemeal, and bread made from such, than to consume fine flour, white bread and the like, for there are always small particles of sand adhering to the outer covering of the grains of corn.

After carefully observing animals, I have commenced a series of experiments to ascertain what influence the consumption of small quantities of sand has on human beings. The results have been so satisfactory, that I feel called upon to publish them. I first selected the purest sand I could get, that is sea sand, although probably good river sand would have answered the same purpose. The sand was procured from the coast of the German Ocean and was so fine that it could be swallowed without difficulty. It is interesting to know that such sand even has a disinfecting influence. The following experiment may be made: In a room where the air has been fouled by burning cotton-wool, or milk, heat a few handfuls of sea sand on a glowing iron. It is astonishing how quickly the smell will disappear. The window should be kept closed during the experiment, in order that the full effect of the sand may be better observed.

In sandy regions, the air is always pure, sand acting as nature's disinfectant. If the sand is to any extent mixed with slime, the effect will not be so great.

We may now ask whether sand may not exercise a similar influence internally by destroying foul gases and matter generally; whether it may not, to speak figuratively, dry up the swamp in which the dreaded bacilli thrive.

The numerous experiments which I have conducted with a view to ascertaining the effect of sand, all speak to its high value. I may here give a striking instance.

A lady had from youth suffered from constipation, various remedies

having been tried without effect. At 50 years of age the complaint became so troublesome, that her condition was really dangerous. No purgative was of any avail and sometimes for weeks—once even for 5 weeks, as she said—the bowels failed to act. When she came to me, I ordered her 4-5 friction and hip baths daily, and a diet of wholemeal and acid fruits. This treatment seldom fails in constipation, but here it was insufficient. I therefore experimented by administering two to three times a day a pinch of sea sand directly after the meal. The result was rapid and successful beyond expectation. Even on the second day the bowels opened. The stool at first was in the form of black, hard, spherical masses, becoming in time, however, absolutely normal. The baths and diet prescribed had been adhered to.

The sand, we see, here exercised a most satisfactory effect; and it is certainly a natural means of maintaining the digestion, or aiding in restoring it.

The orthodox practitioner, of course, will deny that sand can have any effect, as it is almost insoluble, at most traces of it being assimilated. He will endeavor to determine precisely, by the aid of chemistry, the materials necessary for building up the body. He will finally decide the various constituents, giving amount and weight, and would like to lay down exactly how much of each should be consumed daily. Woe to him who delivers himself to dietetical treatment thus based on theory! The attempt has even been made to procure the nutritive constituents of the food as pure as possible, presenting them in the form of an extract to the system. This is a gross error. The body not only requires material; its organs must also perform work, since it is only through their activity, that they can become healthy and remain in order. The organs of digestion must themselves obtain the extracts from the food, thus making blood, flesh, bone, sinew, hair, etc., and digestive juices, such as acids and alcohol. The necessary constituents are all contained in sufficient quantity in natural foods, and the body has only to possess the requisite power to distil them. The body must also generate gases to regulate the motion of the foods and conduct them downwards. Were there no sufficient generation of gases, obstructions would take place and the intestines would become wholly incapacitated, the matter would then probably pass upwards and headaches would result. Such irregularities, however, can only occur when the body is already encumbered, or when unnatural food is consumed.

I must devote some remarks to the feeding of children. For infants, the only natural food is the mother's milk, and children unable to get it are under a great disadvantage and will certainly become encumbered with morbid matter. Fig. 48 shows a child who was nursed by his mother. Compare with this the children shown in Figs 49 and 50, who

were brought up artificially. The head in each case is far too large and the abdomen much too protrusive. Such children are nearly always precocious. It is characteristic of the times that there are now so many infant prodigies, exhibiting in the most tender years astounding intellectual capacity. The poor little creatures are greatly to be pitied: for a time they serve as exhibits, and the deluded parents are usually quite proud of them. But none of such children fulfil the high hopes set in them, for precocity is a morbid symptom. Precocity is found when, through extreme pressure towards the brain, there is an unbalanced



Fig. 48.—Normal Form.

Figure: harmoniously developed.—*Head:* size normal for the age.—All other parts are likewise normal. Observe especially the normal size of the abdomen. The child was nursed by its mother and could walk when 9 months old. When photographed, it was a year old.

development of the latter. If one or another part is encumbered, such is stirred to activity. Phrenologists also speak of such partial development, but they fail to recognize that it is morbid, since they are ignorant of the cause.

I have found children who at 7 years of age would converse with the understanding of a person of twenty; yet at the latter age such children will usually be far behind their companions. This applies also to musical prodigies, who at first cause the greatest sensation, but in the course of years disappear from memory, not having had the necessary talent to become true artists.

3. Where shall we eat?

This question may appear superfluous, but it is not. As already remarked, much depends upon the lungs being properly fed. Good, pure air is quite as indispensable for life and for raising the vitality as is good food. When eating, we involuntarily breathe deeply and the lungs



Fig. 49.—General Encumbrance.

Figure: thick and clumsy.—*Head:* too large.—*Forehead:* cushioned.—*Nose:* too thick.—*Mouth:* open.—*Neck:* too short and thick; line of demarcation at neck missing.—*Abdomen:* much too prominent.—*Arms and legs:* much swollen.—The child was brought up on sterilized milk, and when 1 year and 9 months old, could still scarcely sit alone.

receive much air; air is also swallowed and conducted to the stomach. Now it is by no means a matter of indifference whether this air is good or bad. It is best to eat out of doors, if the weather permits; at any rate, the room should be light, sunny and well ventilated.

This is of special importance in the case of invalids, who are endeavoring to raise their lowered vitality. Adherence to natural elements plays an important part in the quest for health.

4. When shall we eat?

This question must be gone into in detail. In general, we may say that one should eat when hungry. But we have it in our power to so regulate our manner of living that we can, as it were, postpone our hunger. Most people live so unnaturally, that hunger is experienced at wrong times, and moreover there is not then a healthy appetite. If we regard the animals, we find that they nearly all show most signs of hunger in the



Fig. 50



Fig. 51

General Encumbrance.

A child of three years seen from front and side.

Figure: heavy, awkward.—*Head:* too large.—*Forehead:* extremely cushioned.—*Eyes:* much compressed, nearly blind.—*Neck:* line of demarcation missing, head scarcely to be turned.—*Abdomen:* hangs down, loaded with foreign matter.—*Arms and legs:* thick, but stiff and inflexible.—This child was also brought up on sterilized milk.

morning and take their chief meal then. There is a very good reason for this, traceable to the effect of the sun.

The day is divided into two parts, an animating and a tranquillizing period. The period of animation commences with the rising sun, which awakens the whole of nature to renewed activity. The influence of the morning sun on plants is well known to every gardener and countryman. Trees which receive no morning sun bear little or no fruit. If in the morning the sun only shines upon some parts of the tree, it will usually be found that it is only on such parts that fruit will grow. Nor

can man withdraw from the sun's influence, try as he may. If he obeys the call of nature, rises early and hastens into the open air, he will immediately experience the beneficent and animating effect of the sun's rays.

Naturally, he must also observe the monition of the period of tranquillization, which commences the moment the sun has passed the meridian, that is at noon. The effect of this period is to gradually cause the activity to decrease and flag, until finally the setting sun brings rest and quietude, and mankind like the animals yearns for sleep.

During the period of animation, therefore, we are excited to activity, the body is strengthened and invigorated. The tranquillizing period relaxes, the body becomes fatigued and there is a desire for rest. This extends also to the organs of digestion. In the morning, digestion is better than in the afternoon, and towards evening, it will become still weaker.

From this, it follows that food should principally be eaten in the morning and early part of the day, and that in the afternoon only small quantities should be consumed. Invalids especially must observe this, for here they have a means of utilizing their vitality as far as possible and of restoring it to the normal.

It may be objected that persons who are ill rarely have any appetite in the morning, and that without hunger, they cannot be expected to eat. Such absence of appetite in the morning, however, is a sure sign that the organs of digestion are either very weak, or have been compelled to do their work at the wrong time. Our modern system of illumination has brought it about that we too often turn night into day. So magnificent are the achievements of civilization, that we too often use them to our disadvantage. It is therefore no wonder that nervosity has gained the upper hand and caused the present century to be styled the "age of nervousness." But it is not the age that brings neurasthenia, but our manner of living, which is such as to favor dorsal encumbrance in particular.

The meals are taken much too late, and indeed, in many circles the evening meal is taken at a time when one should properly long have been in bed. Food consumed at so late an hour cannot be thoroughly digested, and taxes the digestive apparatus to such an extent, that the latter has not recovered by the morning, so that there is no appetite experienced. Furthermore, during the night, the body will not have enjoyed any real rest, as the undigested food excites it to work, wherefore in the morning there is, perhaps, more fatigue than there was the night before.

It requires but a little determination to change all this, and persons who are ill, must cultivate this energy if they wish to be cured.

Let anyone try going to bed without supper one night, or, at any rate, after but a very light meal, and there will certainly be hunger felt in the morning. Of course, it will be necessary, in following this plan, to change the entire manner of living. Many find it difficult to accustom themselves to going to bed early. It is all a matter of custom, however. Rise early and do not be hindered by any tired feeling. In the evening there will certainly be the desire to retire early to rest, and the body will accustom itself to the natural system of living sooner than one would expect.

We must arrange to do all our work as far as possible during the period of animation, this, and not the period of tranquillization being that intended for labor. It is during the former period alone, too, that that act should be performed, which is of such importance for the human race—the act of procreation. The fecundation will then be more complete and the fruit itself beneficially influenced. And when we remember that it is a matter of procreating a better and healthier generation, it should be the endeavor of everyone to secure the best conditions. It has frequently occurred that men who have believed themselves impotent, because in the period of tranquillization their body had not the necessary vigor to impregnate, have found that during the period of animation they were normally capable of begetting. The essential difference existing between the two periods is here very clearly seen. But even normally healthy persons are advised to abstain from performing the sex act at night, as it is then weakening for the body, and the cares of business, vexation and irregular living all exert an unfavorable influence upon the fruit. And who is not prepared to avoid all that will be injurious to his children! If those who live unnaturally only have sex commerce in the morning, the results of their false manner of living will not be transmitted so directly to the embryo, since the body during the night partly recuperates its strength. Consider, for instance, the baneful results of alcoholism. A child procreated in a condition of semi-intoxication will nearly always prove mentally sluggish and may even become imbecile. Other offences against nature may perhaps be followed by less disastrous results, but they are always attended by evils of one kind or another.

I therefore repeat that the vitality can be maintained longer and restored more quickly, if we observe these periods of animation and tranquillization. We must so order our life that we do the most important duties in the morning and consume the principal meal then, so that we may in the afternoon gradually relax our energy and in the evening retire early to bed.

Acute diseases are more malignant during the period of tranquillization, because the body cannot then offer so much resistance. Who has

not remarked that fever always increases towards evening? This is because the other bodily functions have now become weaker.

But also the year as a whole, has a period of animation and of tranquillization. The former commences as the summer solstice is approached, and there appears to have been an instinctive feeling amongst various nations to celebrate a great festival to commemorate the event.

Even amidst frost and cold the period of animation makes its influence felt, spring being the season where its power is everywhere clearly experienced. Its influence on the trees is easy to be remarked. If timber is felled in autumn, it is good and strong, but if not felled till February, or later, it will not keep, but is soon destroyed by insects.

During the period of animation, we notice signs of quickening throughout the whole range of nature. The animals become lively and active and have their breeding time at this period. Plants bud and grow with vigor. The period of animation is a time of growth and progress.

The flowers, too, have quite a different odor now than during the period of tranquillization, and some kinds of plants, like the rose, towards the end of summer and in autumn, never produce such exquisitely perfumed flowers as in spring and early summer.

Once the sun has reached its highest point and commences to descend, the period of tranquillization rapidly sets in. The animals become quieter, in the vegetable world there is no longer such active growth, and generally speaking only those fruits are ripened which were formed during the preceding period.

During the period of tranquillization, the so-called epidemic diseases make their appearance, more often than during the period of animation; for fever now, as in the daily period of tranquillization, finds resistance offered by the body.

Animals in a state of nature now have less desire for food, and on the approach of cold, become so weak, that such scanty food as can then be obtained, suffices to sustain the body. The digestive power gradually becomes weaker during the period of tranquillization and men also should therefore consume less food. It is therefore quite correct to keep fasts in winter. Unfortunately, we act just in the contrary manner: in winter we celebrate all manner of festivals, and the doctors even preach to us the necessity of consuming more food at this season in order that we may be able to withstand the cold—an error which is accompanied by grievous results. A glance at the animals in nature ought to be sufficient to open the eyes of everyone. Keepers and foresters know well that in winter, animals must not receive too much food if they are to remain healthy.

In the tropics, where the relative position of the sun undergoes but

little change, the moon appears to exercise a stronger influence. There the period of animation alternates with that of tranquillization twice a month; the daily change is naturally the same as with us. It has been observed in the tropics that timber felled whilst the moon is waxing does not keep, whereas that felled whilst the moon is waning, is greatly superior in this respect. We have here, then, the same phenomenon as we observe with regard to the course of the year.

What may be the explanation of these phenomena?

I have thought out an explanation; whether it is correct or not, remains to be decided. I here give it merely as an hypothesis. I repeat therefore, that the following is merely a theory, which does not necessarily belong to this work, but which I do not wish to withhold from my readers.

The phenomena of periods of animation and tranquillization must have the same cause as those of day and night, summer and winter. They depend, as everyone knows, upon the sun and the motion of the earth. We are all accustomed to regard the sun as *directly* bestowing light and heat. This, in my opinion, is an error; probably the earth generates light and heat itself through its rotation. Naturally the sun exerts an influence, probably transmitting to us some kind of magnetic rays; and it is through the intense friction between these and the earth that light and heat are produced, which are then radiated by the earth. It is well known that both heat and light decrease rapidly, the higher we ascend. If the heat and light rays came directly from the sun, they would, however, exercise their influence at elevations also, especially when a solid body is there to absorb them. The earth is quickly able to warm the air; why should not the sun be equally well in a position to do so, if it really radiates heat?

If, on the other hand, the earth itself generates light and heat, it is clear that these must be most intense where the rotation, and therefore the friction, is greatest, *i. e.*, at the tropics. At the poles, the friction is practically zero and there we find cold and torpor. The cold would be even more intense, were not heat transmitted by the air from warmer terrestrial regions. In this manner, it is also clear why we have only one torrid, two temperate and two frigid zones.

Figs. 52 and 53 represent the earth, the arrow showing the direction of rotation; *a* may indicate our point of observation. The solar rays always travel in the same direction parallel to one another, but the earth alters its position. Fig. 52 shows the position of the earth when the sun (for us at *a*) has just risen; Fig 53 shows its position when the sun is setting.

It is easy to see that the friction against the magnetic rays in the morning, when they meet us, must be much greater than in the after-

noon, when they follow us. The action of the rays meeting us will therefore be much more pronounced.

The action might well be illustrated by means of a grindstone. If we hold the edge of the blade being ground pointing against the direction of rotation, the effect of the revolving stone will be much greater than if we turn the blade so that its edge points in the direction of rotation.

The earth may also, in respect to its motion, be compared to an immense dynamo, the rotating portion of which rubs against the so-called brushes, which conduct the electricity to produce useful results.

Perhaps some may object that usually the heat is more intense in the afternoon than during the morning. The reason for this is simply that the heat generated is conserved and increased by that which is still being generated. The increase, however, when there is absence of wind, will be much less during the afternoon than during the morning. The

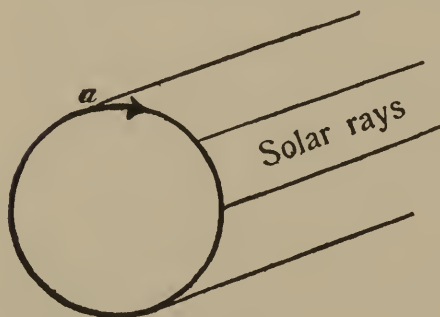


Fig. 52

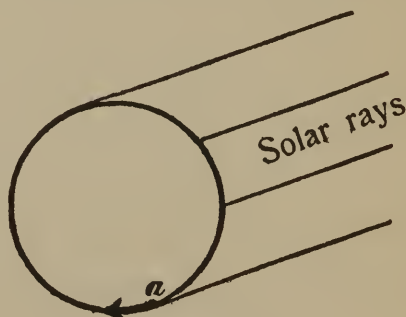


Fig. 53

wind may blow the hot or cold air from other regions, and so change the conditions; observations must therefore be made on calm days.

The force of rotation of the earth also makes its influence felt. During the period of animation, the magnetic rays, since they meet us, exercise a greater effect than during the period of tranquillization, and excite us to activity. We should order our life accordingly.

With us also, the effect continues for a certain time, so that it is not till the afternoon that we gradually notice the decrease in energy.

If, however, we compare our vigor in the morning with our capacity for work in the afternoon, we notice a striking difference. The repose at night is not the sole reason of the matutinal vigor, which enables us to perform all kinds of mental and physical labor much more easily. Were this so, then a good sleep at noon would have the same effect, which, however, is by no means the case. In my opinion, the cause is doubtless to be found in the same power which generates light and heat, and it is a grievous error, by artificial means to war against the immutable laws of nature.

THE SCIENCE OF FACIAL EXPRESSION IN RELATION TO PHRENOLOGY

AS phrenology also concerns itself with the shape of the human head, I will here add a few words concerning its relation to the Science of Facial Expression.

Phrenology starts with the assumption that each part of the brain is the seat of some particular mental faculty. If, then, any part be abnormally prominent, the faculty located there is supposed to be correspondingly developed.

The brain is normally so formed, that no single important faculty preponderates, and it is only when the head becomes encumbered that this can occur. The first result of any encumbrance is always to stimulate, as can be seen especially in case of precocious children; later, however, activity is obstructed by the morbid matter. It is worthy of remark that, in point of fact, persons suffering from frontal encumbrance, are frequently those in whom benevolence, reverence, faith, hope, etc., the seat of which, according to the phrenologist, is in the front part of the brain, are markedly developed. Persons in whom the encumbrance is wholly frontal, are also just those who have tact and are fond of society. Those afflicted with back encumbrance, on the other hand, shrink from any calling in which they are compelled to have much social intercourse with others, and if compelled to follow such an occupation, are driven to despair.

The phrenologist has observed the occurrence of one-sided mental activity, but he does not understand the reason of it. The Science of Facial Expression, however, can instruct him, at all events, to some extent. Unequal development of the brain results from *encumbrance* of any kind. From this, it follows that this unbalanced mental state may be again rendered normal by removal of the encumbrance. And this is a matter of great importance where dangerous passions or tendencies have resulted from irregular mental development, *e. g.*, rage, depression, impulse to suicide, lack of energy. It is often thought that these characteristics are the outcome solely of the age in which we live, and regret is expressed that they appear also in children. This, however, is erroneous; the cause lies in the diseased physical conditions everywhere prevailing, and which, unfortunately, are not yet sufficiently recognized by those persons who command public attention.

CONCLUSION



MANY readers may consider that the explanations given in this work are not sufficiently scientific. My aim, however, has been to write plainly and practically, so as to make myself intelligible to all. This does not render the subject-matter in itself unscientific.

What, indeed, *is* science, but a collection of experiences, which men have reduced to order and put upon a clear basis? But everybody is free to gather experience, whether he belongs to a particular fraternity or not; and whether he has been trained in this branch or that. Indeed, it has often been shown that the so-called amateur or layman, observes in a different manner from the "specialist," and strikes out on new lines to arrive at the truth. The professional man, on the other hand, trained on hard and fast principles, continues to jog along the old familiar paths. This work is the result of thirty years of observation, and the conclusions drawn have been proved correct in thousands of cases. I am far from asserting that I have attained perfection; but at all events, I can say, with a good conscience, that that which I offer, has been *well tried*, and has *stood the test*.

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THIS magazine, which is the professional organ of the American Naturopathic Association, first appeared in 1896 as *The Kneipp Water Cure Monthly*; then in 1902 it became known as *The Naturopath and Herald of Health*; and finally, in January, 1916, it became *The Herald of Health and Naturopath*. As the name indicates, this publication is the exponent of every phase of drugless healing. It is many years older than the Naturopathic Society, the name by which the American Naturopathic Association was first known, and which was founded December 2nd, 1902, in the city of New York.

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